FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000045749 (7)**

1. Corporation Name

FRONTIER DAYS, INC.

Principal Place of Business	Mailing Address
%TUFF PUBLICATIONS, INC. 4100 GOLDEN GATE PKWY GOLDEN GATE FL 33999 US	%TUFF PUBLICATIONS, INC. 4100 GOLDEN GATE PKWY GOLDEN GATE FL 33999 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 8801 Davis Boulevard
Suite, Apt. #, etc. 22:
City & State 23: Naples, FL
Zip 24: 33942 Country 25: USA

2a. Mailing Address
26: 8801 Davis Boulevard
Suite, Apt. #, etc. 27:
City & State 28: Naples, FL
Zip 29: 33942 Country 30: USA

4. FEI Number: 65-0423146 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STEWART, JAMES C JR
STEWART & STORTER, ATTORNEYS AT LAW
1725 COUNTY ROAD 951, SUITE 106
GOLDEN GATE FL 33999

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	PLAAG, BARBARA	12 NAME	HARTMAN, LINDA	
STREET ADDRESS	3290 11TH AVE, SW	13 STREET ADDRESS	2015 County Road #951	
CITY-ST-ZIP	GOLDEN GATE FL	14 CITY-ST-ZIP	Golden Gate, FL 33999	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	HARTMAN, LINDA	22 NAME	PLAAG, RICHARD	
STREET ADDRESS	2015 COUNTY RD #951	23 STREET ADDRESS	3290 - 11th Avenue, S. W.	
CITY-ST-ZIP	GOLDEN GATE FL	24 CITY-ST-ZIP	Golden Gate, FL 33964	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	CLAVELO, VICKI A	32 NAME	TAYLOR, DIANE	
STREET ADDRESS	3610 21ST AVE SW	33 STREET ADDRESS	3760 Golden Gate Boulevard, East	
CITY-ST-ZIP	GOLDEN GATE FL	34 CITY-ST-ZIP	Golden Gate, FL 33964	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	BURGESON, DAVID	42 NAME		
STREET ADDRESS	P.O. BOX 413002 NA	43 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	COLETTA, JAMES	52 NAME		
STREET ADDRESS	1660 40TH TERR SW	53 STREET ADDRESS		
CITY-ST-ZIP	GOLDEN GATE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	PLAAG, RICHAORD	62 NAME	PLAAG, BARBARA	
STREET ADDRESS	3290 11TH AVE SW	63 STREET ADDRESS	3290 - 11th Avenue, S. W.	
CITY-ST-ZIP	GOLDEN GATE FL	64 CITY-ST-ZIP	Golden Gate, FL 33964	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Linda Hartman Pres 4/28/95 353-4151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Linda Hartman

0217703 CR