

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000045749 (7)

1. Corporation Name

~~FRONTIER DAYS, INC.~~

~~Golden Gate Capital~~

Frontier Days, Inc.



Principal Place of Business

8801 DAVIS BOULEVARD
4100 GOLDEN GATE PKWY
NAPLES FL 33942
US

Mailing Address

8801 DAVIS BOULEVARD
4100 GOLDEN GATE PKWY
NAPLES FL 34116-6522
US

3. Date Incorporated or Qualified
06/23/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 3847 Tollgate Blvd.

22 Suite Apt. # etc.

23 City & State

23 Naples, FL

24 Zip

24 34114

Country

25

2a. Mailing Address

26 3847 Tollgate Blvd.

27 Suite Apt. # etc.

28 City & State

28 Naples, FL

29 Zip

29 34114

Country

30

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
1726 COUNTY ROAD 931, SUITE 100
GOLDEN GATE FL 33909

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2121 CR 951 Suite 101

83

84 City

FL

85

Zip Code

34116

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

Signature of the registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JEANENE KELLY	
STREET ADDRESS	2013 TRADE CENTER WAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PLAGG, RICHARD	
STREET ADDRESS	3290- 11TH AVE S.W.	
CITY-ST-ZIP	GOLDEN GATE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, DIANE	
STREET ADDRESS	3760 GOLDEN GATE BOULEVARD, EAST	
CITY-ST-ZIP	GOLDEN GATE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PLAAG, BARBARA	
STREET ADDRESS	3290 11TH AVE SW	
CITY-ST-ZIP	GOLDEN GATE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Shannon Jakubielski	
1.3 STREET ADDRESS	2731 47th Street SW	
1.4 CITY-ST-ZIP	Naples, FL 34116	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jerry VanHecke	
2.3 STREET ADDRESS	760 Pine Vale Dr	
2.4 CITY-ST-ZIP	Naples, FL 34104	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gerry Grauel	
3.3 STREET ADDRESS	5101 Golden Gate Pkwy.	
3.4 CITY-ST-ZIP	Naples, FL 34116	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	George Drobinski	
4.3 STREET ADDRESS	1755 41st Terrace SW	
4.4 CITY-ST-ZIP	Naples, FL 34116	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***165.00

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)