


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

FILED
Jul 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000045749 (7)**

1. Corporation Name

FRONTIER DAYS, INC.

Principal Place of Business

Mailing Address

**3847 TOLLGATE BLVD
NAPLES FL 34114
US**

**3847 TOLLGATE BLVD
NAPLES FL 34114
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEWART, JAMES C JR
STEWART & STORTER, ATTORNEYS AT LAW
2121 OR 951 SUITE 101
GOLDEN GATE FL 34116**

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 607.02 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME **JAKUBIELSKI, SHANNON**
STREET ADDRESS **2731 47TH STREET SW**
CITY-ST-ZIP **NAPLES FL 34116**

P. BRANT, TROY
~~3847 TOLLGATE BLVD~~
~~NAPLES, FL 34114~~
3847 TOLLGATE BLVD
NAPLES, FL 34114

TITLE ☒ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME **VANHECKE, JERRY**
STREET ADDRESS **780 PINE VALE DR**
CITY-ST-ZIP **NAPLES FL 34104**

ARTHUR, WILLIAM
4895 GOLDEN GATE PKWY
NAPLES, FL 34116

TITLE ☒ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME **GRAUEL, GERRY**
STREET ADDRESS **5101 GOLDEN GATE PKWY**
CITY-ST-ZIP **NAPLES FL 34116**

S. BELOTTO, RITA
3847 TOLLGATE BLVD.
NAPLES, FL 34114

TITLE ☒ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME **DROBINSKI, GEORGE**
STREET ADDRESS **1755 41ST TERRACE SW**
CITY-ST-ZIP **NAPLES FL 34116**

T. LOCKNER, RICH
3847 TOLLGATE BLVD.
NAPLES, FL 34114

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

500002579845
-07/06/98--01007--019
*****150.00**

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I 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:

CR2E034 (10/97)