

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

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90005 017 ***550.00

0464128

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000045749

1. Corporation Name
FRONTIER DAYS, INC.

Principal Place of Business 3847 TOLLGATE BLVD NAPLES FL 34114 US	Mailing Address 3847 TOLLGATE BLVD NAPLES FL 34114 US
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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 ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	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 CR 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 607.0502 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BRANT, TROY	
STREET ADDRESS	3847 TOLLGATE BLVD	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ARTHUR, WILLIAM	
STREET ADDRESS	4895 GOLDEN GATE PKWY	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DELOTTO, RITA	
STREET ADDRESS	3847 TOLLGATE BLVD	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LOCHNER, RICK	
STREET ADDRESS	3847 TOLLGATE BLVD	
CITY-ST-ZIP	NAPLES FL 34114	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Arthur, Wm E.	
1.3 STREET ADDRESS	3847 Tollgate Blvd	
1.4 CITY-ST-ZIP	Naples, FL 34114	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Valle, Mario	
2.3 STREET ADDRESS	3847 Tollgate Blvd	
2.4 CITY-ST-ZIP	Naples, FL 34114	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Fortune, Cindy	
3.3 STREET ADDRESS	3847 Tollgate Blvd	
3.4 CITY-ST-ZIP	Naples, FL 34114	
4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lochner, Rick	
4.3 STREET ADDRESS	3847 Tollgate Blvd	
4.4 CITY-ST-ZIP	Naples, FL 34114	
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		

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)