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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000072309 (6)

WILLIAM FRUECHT, INC.

Principal Place of Business

Mailing Address

FILED May 14 1998 8:00am Secretary of State



5415-A JAEGER ROAD 5415-A JAEGER RD NAPLES FL 33942 NAPLES FL 33942 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/12/1993 4. FEI Number Applied For 2. Principal Place of Business 21 65-0442388 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due Jurie 30. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CRONIN, DENNIS P EQ. 1167 THIRD STREET SOUTH 62 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33940 83 City Zip Code 85 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. Lam 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE FRUECHT, WILLIAM NAME 1.2 NAME 5415-A JAEGER RD STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1,4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE FRUECHT, KATHY D 2.2 NAME NAME 5415-A JAEGER RD STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL 2.4 CITY-ST-7/P CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY- ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - 7/P DELETE Change ___ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CHY - S1 - ZIP

14. Thereby 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 receiveryor 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 chapter 607, with an address.