

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000035774 (6)

1. Corporation Name

FREDLUND ENTERPRISES, INC.



Principal Place of Business

Mailing Address

2172 44TH TERRACE S.W.  
NAPLES FL 33999

2172 44TH TERRACE S.W.  
NAPLES FL 33999

3. Date Incorporated or Qualified  
05/10/1994

3a. Date of Last Report  
04/26/1995

2. Principal Place of Business

21 3504 RADIO ROAD  
Suite, Apt. #, etc.

2a. Mailing Address

26 3504 RADIO RD.  
Suite, Apt. #, etc.

4. FEI Number  
65-0496144

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

22 City & State  
23 Naples, FLORIDA

27 City & State  
28 Naples, FLORIDA

24 Zip  
25 3  
29 Country  
USA

27 Zip  
29 341043750  
Country  
USA

9. Name and Address of Current Registered Agent

FREDLUND, CAROL  
2172 44TH TERRACE S.W.  
NAPLES FL 33999

10. Name and Address of New Registered Agent

81 Name  
Thomas G. UNSWORTH

82 Street Address (P.O. Box Number is Not Acceptable)  
3504 RADIO RD

83

84 City  
NAPLES FL 85 Zip Code  
34104-3750

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

Thomas G. Unsworth  
Signature, typed or printed name of registered agent and title, if applicable

Thomas G. Unsworth

7-26-96  
Date

12. OFFICERS AND DIRECTORS

TITLE PSVT  
NAME FREDLUND, CAROL  
STREET ADDRESS 2172 44TH TERRACE S.W.  
CITY-ST-ZIP NAPLES FL 33999  
☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PSVT  
12 NAME UNSWORTH, THOMAS G.  
13 STREET ADDRESS 3504 RADIO ROAD  
14 CITY-ST-ZIP NAPLES, FL 34104-3750  
☐ Change ☒ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP  
☐ Change ☐ Addition

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas G. Unsworth  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas G. Unsworth

7-26-96  
Date

941-649-8111  
Daytime Phone #

CR2E034 (3/96)