

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 16 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000036885 (9)

1. Corporation Name

LEVINE, FRAYER & CARLSON, INC.

Principal Place of Business

5053 OCEAN BLVD., STE. 30
SARASOTA FL 34242

Mailing Address

5053 OCEAN BLVD., STE. 30
SARASOTA FL 34242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1994

3a. Date of Last Report

NONE

4. FEI Number

65-0489532

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 In Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1800 Second St.

2a. Mailing Address

26 1800 Second St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 808

27 Suite 808

City & State

City & State

23 SARASOTA, FL

28 SARASOTA, FL

Zip

Country

Zip

Country

24 34236

25 USA

29 34236

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVINE, LAWRENCE
504 PARKVIEW DR.
SARASOTA FL 34243

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

Lawrence Levine
Signature of individual or firm name of registered agent and fee application

Richard A. Carlson
NOTE: Registered Agent signature required when reappointing

5/11/95
DATE

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DIRECTOR
NAME	LAWRENCE T. LEVINE
STREET ADDRESS	504 PARKVIEW DR.
CITY, ST, ZIP	SARASOTA FL 34243
TITLE	DIRECTOR
NAME	RICHARD A. CARLSON
STREET ADDRESS	4045 OVERLAND
CITY, ST, ZIP	SARASOTA FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard A. Carlson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD A. CARLSON

Richard A. Carlson
DIRECTOR

5/11/95

813-366-4647