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95 JUN 20 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000070365 (9)

1. Corporation Name

FRONTIER ENERGY RESEARCH CORPORATION

Principal Place of Business

6903 N. LAGOON DR., SUITE 53
PANAMA CITY BEACH FL 32408

Mailing Address

6903 N. LAGOON DR., SUITE 53
PANAMA CITY BEACH FL 32408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

09/26/1994

4. FEI Number

Applied For

59-3274499

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

2. Principal Place of Business

21 9851 Thomas Dr.

Suite, Apt. #, etc.

22 101

City & State

23 Panama City Beach

Zip

24 32407

Country

25 Bay

2a. Mailing Address

26 9851 Thomas Dr.

Suite, Apt. #, etc.

27 101

City & State

28 Panama City Beach

Zip

29 32407

Country

30 Bay

9. Name and Address of Current Registered Agent

CARNES, LAWRENCE L
315 S. CALHOUN STREET
SUITE 716
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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	PRESIDENT & DIRECTOR
NAME	DOUGLAS C. BRADY
STREET ADDRESS	6903 N. LAGOON DR.
CITY - ST - ZIP	PANAMA CITY BEACH FL 32408
TITLE	SECRETARY
NAME	JANE WILFORD
STREET ADDRESS	1849 MILLER LANDING
CITY - ST - ZIP	TALLAHASSEE FL 32312
TITLE	DIRECTOR
NAME	LAWRENCE L. CARNES
STREET ADDRESS	2708 LUCAS DR.
CITY - ST - ZIP	TALLAHASSEE FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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:

Lawrence L. Carnes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-95 (904) 681-6875

Date

Telephone #