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

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

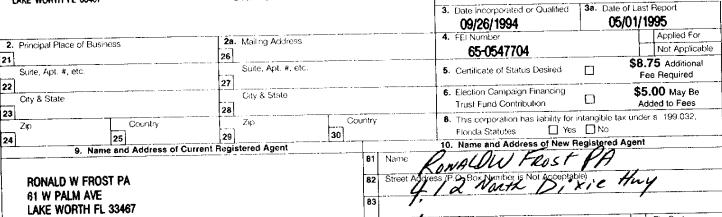
DIVISION OF CORPORATIONS

DOCUMENT #	P94000071187	(6)
I. Corporation iname		

FRYE ENTERPRISES, INC.

Mailing Address Principal Place of Business

61 W PALM AVE LAKE WORTH FL 33467 61 W PALM AVE LAKE WORTH FL 33467



an tana 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, typed or ported name of registered agent and 2. OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ITLE D	DELETE	1 TITLE	☐ Change ☐ Addition
AME FRYE, JERRY C		1.2 NAME	
TREET ADDRESS 61 W PALM AVE		1.3 STREET ADDRESS	
LAKE WORTH FL 33467		1.4 CHY - ST - ZIF	
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NAME STREET ADDRESS		6.3 STREET ADDRESS	
CITY-SI-ZIP		6.4 CITY - ST - ZIP	for the everyption stated in Section 119.07(3)(k), Florida Statutes. I further

14. Ido 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 armust report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this armust report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under coath, 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 chaptered, or on an attack tenth an address.

SIGNATURE:

EO OR PRINTEE NAME OF SIGNING OFFICER OR DIRECTOR