Jun 12, 2000 8:00 am DOCUMENT # **P94000071187 Secretary of State** FRYE ENTERPRISES, INC. 06-12-2000 90031 011 ***150.00 Principal Place of Business Mailing Address 外代 2 3 SO OHIO RD WORTH FL 33487 LAKE WORTH FL 33467-3826 2. Principal Place of Business. 13. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc. Sulte, Apt. #, elc. Applied For City & State 4. FEI Number City & State 65-0547704 Not Applicable \$8.75 Additional Ziο Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRYE, JERRY Street Address (P.O. Box Number is Not Acceptable) 98 OHIO RD LANTANA FL 33467 Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. SIGNATURE . Signature, typed or primed name of registered egent and title if applicable (NOTE: Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is stigible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 8 C Oelete TITLE FRYE, JERRY C NAME NAME CR2E034 STREET ADDRESS STREET ADDRESS 98 OHIO RD CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 Addition Change ☐ Deleta TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-209 ☐ Addition Change MILE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change Dalete TETLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 ■ Addition ☐ Change TITLE Oelete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P Addition ☐ Delate TITLE MLE MAME MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 13. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with avaiddress, with all other like empowered.

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