... FEE AFTER MAY 1ST IS $550.00

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P95000057835 (7)

Corporation Name

Fritzsche & Associates, Inc.

Principal Place of Business	Mailing Address
6413 Maclaurin Drive East Tampa, Florida 33647	6413 Maclaurin Drive East Tampa, Florida 33647

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified: 7/24/1995

4 FEI Number: 22-3140228 ☐ Applied ☐ Not Appl

5 Certificate of Status Desired ☐ $8.75 Additional Fee Required

6 Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fee

This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No

Principal Place of Business	Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

Name and Address of Current Registered Agent

Fritzsche, RW
6413 Maclaurin Drive East
Tampa, Florida 33647

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

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

OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	Fritzsche, R Wayne	
STREET ADDRESS	6413 Maclaurin Drive East	
CITY-ST-ZIP	Tampa, Florida 33647	
TITLE	VT	☐ DELETE
NAME	Fritzsche, Diana M	
STREET ADDRESS	6413 Maclaurin Drive East	
CITY-ST-ZIP	Tampa, Florida 33647	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		☐ Change ☐
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐
5.2 NAME		
5.3 STREET ADDRESS	JC 5/5	
5.4 CITY-ST-ZIP		
6.1 TITLE	700002510987 -05/05/98--01079--014 ***150.00	☐ Change ☐
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 1? or Block 13, changed, or on an attachment with an address