FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P95000063258

FRITZ & ASSOCIATES, INC.

Mailing Address

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90119 025 ***150.00



PANAMA CITY US	. AVE FL 32405	2702 WAKULLA AVE PANAMA CITY FL 32405 US			DO NOT WRITE IN 3. Date Incorporated or Qualifed 08/14/1995	THIS SPACE	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21 2703	2 WAKUKLA XUE	26 SAMF			39-1225410	N	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27					equired
City & Stat	RMR CITY FL	City & State 28 5 R 1 1 F			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24 3 2.44	Country 25 (), 5	29 SAMF 3	Country 0 5 (MŦ	This corporation owes the current yes Personal Property Tax.	ear Intangible	□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Regist	ered Agent	
		<u> </u>	81	Name			
FRITZ, KENNETH 2702 WAKULLA AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)			
PAN	AMA CITY FL 32405		83				
			84	City		85 Zip	Code
						FL 💆	
office or r	registered agent, or both, in the State (of Florida. Such change was auti	horized by th	named corp ne corporat	poration submits this statement for the purpo- ion's board of directors. I hereby accept the	appointment as r	egistered
agent. La	m familiar with, and accept the obligat	tion <u>s of,</u> Section 6 07 .0505, Florid	Statutes		.2	11-1/04	
SIGNATURE	Tourse To	ut Tresen	2014		7	<u> </u>	
12.	Sign race, typed or printed name of registered agen OFFICERS AN		13	ignature require	ed when reinstaling) ADDITIONS/CHANGES TO OFFICER	RS AND DIRECT	ORS IN 12
TITLE	VP OFFICERS AN	D DELETE	1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	
11166	VI						
NAME	FRITZ RAPRARA		12 NAME				
NAME	FRITZ, BARBARA		12 NAME	DORESS			
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14. 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.