SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE %) REINSTATE: \$750.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Socretary of State 97 HOV 12 PM 2:59 DIVISION OF CORPORATIONS P96000053806 (1) SECTIETARY OF STATE ALLAHASSEE, FLORIDA DOCUMENT # FRED VENTURES, INC. Principal Place of Business Mailing Address 1802 NORTH LAUREL OAK DRIVE 1802 NORTH LAUREL OAK DRIVE ROCKLEDGE FL \$2855 ROCKLEDGE FL 32955 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business Applied for 1253 little oak Cr. 21 little. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intengible

Personal Property Tax due June 30. Yes X No 8() 25 Bervard 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 Name MCKAIGE, GEORGE T III 1802 NORTH LAUREL OAK DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) ROCKLEDGE FL 32955 83 84 City 65 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, I lorida 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 Jid accept the obligations of Section 607,0505, Florida Statutes. SIGNATURE (NOT): Registered Agent signature required when reinstating) OF ICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE THOMAS, THOMAS R NAME 1.2 NAME 758 N. GRETNA COURT STREET ADDRESS 1.3 STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-ZIP 1.4 CITY - ST - 2)F 11/14/97 OF Grove Of Addition DELETE TITLE 2.1 TITLE MCKAIGE, GEORGE T III NAME 2.2 NAME ****750.00 ****750.00 1802 NORTH LAUREL OAK DRIVE STREET ADDRESS 23 STREET ADDRESS **ROCKLEDGE FL 32955** CITY-ST-ZIP 2 4 CHY-\$1-ZIF Addition DELETE 3.1 TITLE REINSTATEMENT TITLE MCKAIGE, SCOTT J NAME 3.2 NAME 1802 NORTH LAUREL OAK DRIVE STREET ADDRESS 3.3 STREET ADDRESS ROCKLEDGE FL 32955 CITY-ST-ZIF 3.4. CHY-ST-ZIP Addition DELETE 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIT DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 62 NAME

appears in Block 12 or Block 13 if changed and

STREET ADDRESS CITY-ST-ZIP

(UV) CI D

63 STREET ADDRESS

14. To 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 eath; 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. On an attachment with an address.