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

PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600056703 (7)

FRAZIER FAMILY CORPORATION, INC.

Principal Place of Business Mailing Address -777-BUNDIAL-COURT NUMBER 1 **BOX 875** PORT WALTON BEACH PL 32548 //GRANDVIEW SHALIMAR FL 32579 GHALIMAR FL 32579

FILED Feb 13 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3389787 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent FRAZIER, GLORIA K 81 Name 777 SUNDIAL COURT NUMBER Street Address (P.O. Box Number is Not Acceptable) FORT WALTON BEACH FL 32548 City 84 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE. Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11THE Change Addition FRAZIER, GLORIA K NAME 1.2 NAME 1270 N EGLIN PARKWAY STREET ADDRESS 1.3 STREET ADDRESS SHALIMAR FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition FRAZIER, MARK A NAME 2.2 NAME Grandview 777 SUNDIAL COURT NUMBER STREET ADDRESS 2.3 STREET ADDRESS Hallmart Loss FORT WALTON BEACH FL 92548-CITY-ST-ZIP 2. 4 DITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELE 1E TITLE 4.1 TITLE ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TIFLE Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY-ST-ZIP TITLE □ DEFELE 61 TITLE ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby cartify 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 rucquer or tystey impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in