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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

FILED

May 14 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P97000041355 (3)

FRUEC	CHT, INC.					
Principal Plac	ce of Business	Mailing Address			-	 \$8
C/O WILLIAM G. FRUECHT 4265 19TH AVE. S.W. NAPLES FL 34166		C/O WILLIAM G. FRUECHT 4265 19TH AVE. S.W. NAPLES FL 34166			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
2. Principal Place of Business		2a. Mailing Address 26			05/06/1997 4. FEI Number 3/55384 Applied Not App	
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired S8.75 Addition Fee Require	
City & State		City & State			6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fee	
Zip 24	Country 25	Zip 29	Country 30		8. This corporation owes or has paid the current fear Intangits Personal Property Tax due June 30.	le
	g. Name and Address of Curre	ent Registered Agent	Istered Agent		10. Name and Address of New Registered Agent	
PA	ARRISH & MOORE, P.A.		81	Name		
21	71 PINE RIDGE RD., STE. D NPLES FL 34109		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
1			83			
			84	City	FL 85 Zip Code	
office or I	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the obli-	te of Florida. Such change was	authorized by	the corporati	oration submits this statement for the purpose of changing its regions board of directors. I hereby accept the appointment as registed	stered ered
SIGNATURE			15.0		DAY	
12.	Signature Typed or printed name of registered injurit and title if applicable (NOTE Ru OFFICERS AND DIRECTORS		13.	int signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	D	DELETE	1,1 TITLE			Addition
NAME	FRUECHT, WILLIAM G		1.2 NAME			
STREET ADDRESS	4265 19TH AVE. S.W.		1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34166		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2 1 TITLE		Change	Addition
NAME	FRUECHT, KATHY D		2.2 NAME			
STREET ADDRESS	4265 19TH AVE. S.W.		2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34166		2. 4 CITY-ST-ZIP			
TITLE			3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			4
STREET ADDRESS	(3.3 STREET	ſ	·	
CITY-ST-ZIP			3.4. CITY - S	ST-ZIP	Change	Addition
TITLE		☐ DETELE	4.1 TITLE			ADURIUI
NAME:			4. 2 NAME	1000000		
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP		DELETE	4.4 CITY-S 5.1 THILE	1-219	Change	Addition
NAME		F-3 DECE (C	52 NAME		Comango Col	,54
STREET ADDRESS	· •		53 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S			
TITLE		DELETE	6.1 TITLE	, en	Change	Addition
NAME	ĺ		6.2 NAME			
STREET ADDRESS	1		6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 City-S			

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 supplicmental 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 chapted, or on an attaying int with an address.