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 # **P97000045166**

1. Corporation Name

FRAZIER INSURANCE GROUP, INC.

Principal Place of Business 403 \$ EDGEMON AVE WINTER SPRINGS FL 32708 ### WINTER SPRINGS FL 32708 ### DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified									
WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/19/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3437067 Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required City & State City & State City & State 28 Zip Country Zip Country Zip Country Zip Country 30 8. This corporation owes the current year Intangible Personal Property Tax. Personal Property Tax. Pressonal Property Tax. Pressonal Property Tax. Street Address of New Registered Agent 10. Name and Address of New Registered Agent A Brave of the personal Property State of Country In Not Acceptable) 44. Present to the personal State of Country In State Pressonal Property Tax. A Street Address (P.O. Box Number is Not Acceptable) 45. City FL 85. Zip Code 46. City FL 86. This corporation owes the current year Intangible Personal Property Tax. Pressonal Pressonal Property Tax. Pressonal Pressonal Property Tax. Pressonal Pressonal Property T	Principal Plac	e of Business	Mailing Address					4(40) 6:141 (18)	
2. Principal Place of Business 3. Date Incorporated or Qualifed 05/19/1997 4. FEI Number 5. Certifcate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Required Fee Required 5. Certifcate of Status Desired \$1. Status Desired \$1. Name Added to Fees 2. Principal Place of Business 2. Election Campaign Financing \$2. Store Country 2. Strip Country 3. This corporation owes the current year Intangible Personal Property Tax. 2. Principal Place of Status Desired 3. Date Incorporation owes the terminal place of Status Desired 3. Date Incorporation owes the terminal place of Status Desired 4. FEI Number 5. Certifcate of Status Desired 5. Certifcate of Status Desired	403 S EDGEMO	ON AVE	403 S EDGEMON AVE						
2. Principal Place of Business 2. Amailing Address 2. Principal Place of Business 2. Expressions of Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. Country 2. Zip 2. Country 2. Zip 2. Country 3. This corporation owes the current year Intangible Personal Property Tax. 2. Present to the servicions of Sections 607 1508 Election Status Desired 3. Name 3. Name 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address of Current Registered Agent 4. Present to the servicions of Sections 607 1508 Election Status Desired 4. Fluence to the servicions of Sections 607 1508 Election Status Desired 4. Fluence to the servicions of Sections 607 1508 Election Status Desired 4. Fluence to the servicions of Sections 607 1508 Election Statutes the above-paged corporation submits this statement for the purpose of changing its registered	WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708				DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 2a. Mailing Address 2b		•					3. Date Incorporated or Qualifed		
2. Principal Place of Business 2a. Mailing Address 2b	~	+ -				-	05/19/1997		
Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal F	Place of Business	2a. Mailing Address					Ā	pplied For
Suite, Apt. #, etc. Suite, Apt. #, etc.	21	·	26				59-3437067	l N	ot Applicable
City & State Country Country Country Sound Country Registered Agent FRAZIER, ROBERT 403 S EDGEMON AVE WINTER SPRINGS FL 32708 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Zip Code Registered Registered Agent 84 City FL 85 Zip Code		#, etc.	Suite, Apt. #, etc.					\$8.75	Additional
City & State 28 Country Country Country Country Solution 8. This corporation owes the current year Intangible Personal Property Tax. Personal Property Tax. 9. Name and Address of Current Registered Agent FRAZIER, ROBERT 403 S EDGEMON AVE WINTER SPRINGS FL 32708 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 14. Registered for the purpose of Changing its registered	22		27				5. Centricate of Status Desired	Fee R	equired
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent FRAZIER, ROBERT 403 S EDGEMON AVE WINTER SPRINGS FL 32708 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Zip Code 84 City FL 85 Zip Code		te					6. Election Campaign Financing	\$5.00	May Be
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes Property 9. Name and Address of Current Registered Agent FRAZIER, ROBERT 403 S EDGEMON AVE WINTER SPRINGS FL 32708 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83	23		28						
29 30 Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent FRAZIER, ROBERT 403 S EDGEMON AVE WINTER SPRINGS FL 32708 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		Country		Cou	intry	•	8. This corporation owes the current year Ir	tangible	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) WINTER SPRINGS FL 32708 83 City FL 85 Zip Code 14. Registered Agent 15. Name and Address of New Registered Agent 84 City FL 85 Zip Code	—	25	29	30			·		No
FRAZIER, ROBERT 403 S EDGEMON AVE WINTER SPRINGS FL 32708 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 14 Purpose to the provisions of Sections 607 0502 and 607 1508 Elorida Statutes the above-named comporation submits this statement for the purpose of changing its registered							10. Name and Address of New Registered	Agent	
403 S EDGEMON AVE WINTER SPRINGS FL 32708 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code					81	Name	****		
403 S EUGEMON AVE WINTER SPRINGS FL 32708 83 84 City FL 85 Zip Code 14. Burguest to the previsions of Sections 607 0502 and 607 1508. Elevida Statutes, the above-named concoration submits this statement for the purpose of changing its registered	1				00	C4	(D.O. Boy Number is Not Acceptable)		
84 City FL 85 Zip Code 11. Burguest to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named cornoration submits this statement for the purpose of changing its registered	403 S EDGEMON AVE				02	Street Addre	ess (P.O. Box Number is Not Acceptable)		İ
14. Businest to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registered	WINTER SPRINGS FL 32708				83				
14. Businest to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registered									
44. Purposet to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registered					84	City	FI	85 Zip	Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1506, Piolica Statutes, the above-harded corporation 300 in 507,0502 and 607,1506, Piolica Statutes, the above-harded corporation 300 in 507,0502 and 507	44	to the acciding of Sections 607 050	2 and 607 1509 Florida Statut	no the n	hove	named corne			s 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.	office or i	registered agent, or both, in the State (of Florida. Such change was at	uthorized	d bv	the corporatio	n's board of directors. I hereby accept the appo	ointment as r	egistered
SIGNATURE	SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	OIO/II/OILE	Signature, typed or printed name of registered agen			Ager	nt signature required	71.		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	12.	1		_		<u> </u>	ADDITIONS/CHANGES TO OFFICERS A		
	TITLE	•	☐ DELETE	1.1 TI	ITLE			Unange	☐ Addition
NAME FRAZIER, ROBERT 1.2 NAME	NAME	Frazier, Robert		1.2 N	AME				
STREET ADDRESS 403 S EDGEMON AVE 1.3 STREET ADDRESS	STREET ADDRESS	403 S EDGEMON AVE		1.3 S	TREE	TADDRESS			
	CITY-ST-ZIP	WINTER SPRINGS FL 32708		1.4 CI	1.4 CITY-ST-ZIP				
TILE D □ DELETE 2.1 TILE □ Change □ Addition	TITLE	D	☐ DELETE	2.1 TI	ITLE			Change	☐ Addition
NAME FRAZIER, BARBARA 22 NAME		FRAZIER, BARBARA		2.2 N	AME				1
STREET ADDRESS 403 S EDGEMON AVE 2.3 STREET ADDRESS	NAME								
CITY-ST-ZIP WINTER SPRINGS FL 32708 2.4 CITY-ST-ZIP		,		2.3 S	TREET	TADDRESS			ì
		,		•					
NAME 3.2 NAME	STREET ADDRESS	403 S EDGEMON AVE	☐ DELETE	2.40	ITY-S			Change	☐ Addition
	STREET ADDRESS CITY-ST-ZIP	403 S EDGEMON AVE	☐ DELETE	2.4 C 3.1 Ti	ITY-S			☐ Change	☐ Addition
	STREET ADDRESS CITY-ST-ZIP TITLE NAME	403 S EDGEMON AVE WINTER SPRINGS FL 32708	☐ DELETE	2.4 C 3.1 Ti 3.2 N	ITY-S ITLE AME	ST- ZIP		☐ Change	☐ Addition
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STREET ADDRESS 4.3 STREET ADDRESS	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	403 S EDGEMON AVE WINTER SPRINGS FL 32708		2.4 C 3.1 Ti 3.2 Ni 3.3 S [*] 3.4. C 4.1 Ti	CITY-S ITLE AME TREET CITY-S ITLE	T ADDRESS			

CITY-ST-ZIP 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 as on an attachment with an address with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

☐ Change

Change

Addition

☐ Addition

May 07, 1999 8:00 am Secretary of State

05-07-1999 90114 017 ***150.00

CR2E034 (11/98)