

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90085 016 ***158.75

DOCUMENT # P98000014402

1. Corporation Name
R & D FRITZ, INC.

Principal Place of Business
803 WILSHIRE COURT
CASSELBERRY FL 32707

Mailing Address
803 WILSHIRE COURT
CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1998

4. FEI Number

59-3499165

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

□

Yes

X No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRITZ, DAVID J
803 WILSHIRE COURT
CASSELBERRY FL 32707

81 Name

ROBERT J FRITZ

82 Street Address (P.O. Box Number is Not Acceptable)

803 WILSHIRE CT

83

84 City

CASSELBERRY

85 Zip Code

FL 32707

11. Pursuant to the provisions of Sections 607.0502 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. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Robert J. Fritz

OFFICER - DIRECTOR

4-13-99

Signature, typed or printed name of registered agent and fee, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME FRITZ, DAVID J
STREET ADDRESS 803 WILSHIRE COURT
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE D ☒ DELETE
NAME FRITZ, ROBERT A
STREET ADDRESS 803 WILSHIRE COURT
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE P/O C/T/M ☒ Change ☐ Addition
1.2 NAME ROBERT J FRITZ
1.3 STREET ADDRESS 803 WILSHIRE CT
1.4 CITY-ST-ZIP CASSELBERRY FL 32707

2.1 TITLE VP/D/S - ☒ Change ☐ Addition
2.2 NAME ANN P FRITZ
2.3 STREET ADDRESS 803 WILSHIRE CT
2.4 CITY-ST-ZIP CASSELBERRY FL 32707

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

4-13-99

407-834-0357

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)