

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
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90077 016 ***150.00

DOCUMENT # P98000014897

1. Corporation Name
FRONTIER RESTORATION CORP.



Principal Place of Business

4630 SOUTH KIRKMAN ROAD
SUITE 406
ORLANDO FL 32811-2802

Mailing Address

4630 SOUTH KIRKMAN ROAD
SUITE 406
ORLANDO FL 32811-2802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1998

4. FEI Number

593493250

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

☐

☐

Yes No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME CHAMBERS, SAMUEL A

STREET ADDRESS 4630 SOUTH KIRKMAN ROAD

CITY-ST-ZIP ORLANDO FL 32811-2802

TITLE ☒ DELETE

NAME CHAMBERS, NATHAN A

STREET ADDRESS 4630 SOUTH KIRKMAN ROAD

CITY-ST-ZIP ORLANDO FL 32811-2802

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME VICE PRESIDENT

1.3 STREET ADDRESS 4630 SOUTH KIRKMAN ROAD

1.4 CITY-ST-ZIP ORLANDO, FL 32811-2802

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME JOSHUA CHAMBERS

2.3 STREET ADDRESS MITCHELL TOWN PA

2.4 CITY-ST-ZIP CLARENDON, JAMAICA

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME DIRECTOR

3.3 STREET ADDRESS FITZROY CHAMBERS

3.4 CITY-ST-ZIP MITCHELL TOWN PA

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME DIRECTOR

4.3 STREET ADDRESS WINSTON CHAMBERS

4.4 CITY-ST-ZIP MITCHELL TOWN PA

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME DIRECTOR

5.3 STREET ADDRESS RUTH CHAMBERS

5.4 CITY-ST-ZIP MITCHELL TOWN PA

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME DIRECTOR

6.3 STREET ADDRESS CHARCENE CHAMBERS

6.4 CITY-ST-ZIP MITCHELL TOWN PA

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

Date

Daytime Phone #