



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

FILED

Jan 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S06763 (4)</b> 1. Corporation Name <b>FRIER &amp; FRIER, P.A.</b>			
Principal Place of Business <b>2027 KERRY FOREST PKWY SUITE A TALLAHASSEE FL 32308 US</b>		Mailing Address <b>2027 KERRY FOREST PKWY SUITE A TALLAHASSEE FL 32308-6825 US</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified <b>10/18/1990</b>		3a. Date of Last Report <b>10/09/1996</b>	
4. FEI Number <b>59-3055963</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>FRIER, J. RANDALL 2027 KERRY FOREST OKWY STE A TALLAHASSEE FL 32308</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>DPS</b>		
	<b>FRIER, J. RANDALL</b>		
	<b>RT. 19, BOX 1071</b>		
	<b>TALLAHASSEE FL</b>		
	<input type="checkbox"/> DELETE		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>FRIER, J. RANDALL</b>		
	<b>RT. 19, BOX 1071</b>		
	<b>TALLAHASSEE FL</b>		
	<input type="checkbox"/> DELETE		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<input type="checkbox"/> DELETE		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<input type="checkbox"/> DELETE		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<input type="checkbox"/> DELETE		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
14. I do 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.			
SIGNATURE:  1/6/97 (904) 894-2084			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)