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FILED

Feb 14 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S54323 (8)

1. Corporation Name

FRONTIER OF CENTRAL FLORIDA, INC.

Principal Place of Business

1310 BERMUDA AVE  
KISSIMMEE FL 34741

Mailing Address

1310 BERMUDA AVE  
KISSIMMEE FL 34741

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

24

Country

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Country

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Country

27

Country

28

Country

29

Country

30

Country

2a. Mailing Address

26

1310 N BERMUDA AVE

27

Suite, Apt. #, etc.

28

City &amp; State

29

City &amp; State

30

City &amp; State

31

City &amp; State

32

City &amp; State

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City &amp; State

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City &amp; State

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City &amp; State

36

City &amp; State

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City &amp; State

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City &amp; State

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City &amp; State

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City &amp; State

3. Date Incorporated or Qualified

05/20/1991

3a. Date of Last Report

04/23/1996

4. FEI Number

59-3063513

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANLEY, RICHARD D.  
3501 13TH STREET  
ST CLOUD FL 34769

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D BUTLER, BENNIE FRITZ

NAME BUTLER, BENNIE FRITZ

STREET ADDRESS 1310 BERMUDA AVE

CITY - ST - ZIP KISSIMMEE FL

TITLE VP BUTLER, WENDI

NAME BUTLER, WENDI

STREET ADDRESS 875 ABSHER LANE

CITY - ST - ZIP ST CLOUD FL

TITLE VP BUTLER, SCOTT J

NAME BUTLER, SCOTT J

STREET ADDRESS 875 ABSHER LANE

CITY - ST - ZIP ST CLOUD FL

TITLE VP BUTLER, BRIAN K

NAME BUTLER, BRIAN K

STREET ADDRESS 875 ABSHER LN

CITY - ST - ZIP ST CLOUD FL

TITLE VP BUTLER, BRIAN K

NAME BUTLER, BRIAN K

STREET ADDRESS 875 ABSHER LN

CITY - ST - ZIP ST CLOUD FL

TITLE VP BUTLER, BRIAN K

NAME BUTLER, BRIAN K

STREET ADDRESS 875 ABSHER LN

CITY - ST - ZIP ST CLOUD FL

TITLE VP BUTLER, BRIAN K

NAME BUTLER, BRIAN K

STREET ADDRESS 875 ABSHER LN

CITY - ST - ZIP ST CLOUD FL

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:

BENNIE FRITZ BUTLER  
B. FRITZ Butler  
2-4-97 407-847-5955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)