

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90075 024 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**

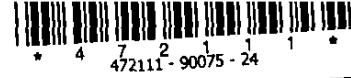


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 712878**

1. Corporation Name

**MANATEE RIVER PRAM FLEET, INC.**



Principal Place of Business

Mailing Address

1301-6TH AVE W  
 STE 600  
 BRADENTON FLORIDA 34205  
 US

1301-6TH AVE W  
 STE. 600  
 BRADENTON FLORIDA 34205  
 US

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

**06/05/1967**

22 City & State

27 City & State

4. FEI Number  
**59-6151488**

Applied For  
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRUBB, JOYCE**  
**1106 87TH ST W**  
**BRADENTON FL 34209**

81 Name  
**SAME**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1202 SANTIAGO DR.**

83

84 City  
**BRADENTON**

**FL**

85 Zip Code  
**34209**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

*[Signature]*  
 DATE **2/2/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **VPD DIEM, ED**  
 STREET ADDRESS **6888 POINSETTA ST**  
 CITY-ST-ZIP **LONGBOAT KEY FL**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **TD ROSE, GAIL**  
 STREET ADDRESS **915 76TH STREET.NW**  
 CITY-ST-ZIP **BRADENTON, FL 00000**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **PD GRUBB, MS JOYCE**  
 STREET ADDRESS **1106 87TH ST NW**  
 CITY-ST-ZIP **BRADENTON FL**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS **1202 SANTIAGO DR.**  
 3.4 CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE  DELETE  
 NAME **SD RUDEK, TINA**  
 STREET ADDRESS **1612 84TH ST N**  
 CITY-ST-ZIP **BRADENTON FL**

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **2/2/99** **941-794-2920**  
 Date Daytime Phone #

CR2E037 (1/198)