## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

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SAHASOTA-	MANAILE	MANUFACTURERS'	ASSOCIATION.	INC:

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Principa! Place	of Business	Mailing Address				1 108/11/ 100/10 11/01/ 11/01/ 10/01/	IIII OI OI OI	011 BIBIL 0101	
240 N. WASHINGTON BLVD. STE. 300 SARASOTA FL 34236 US		240 N. WASHINGTON BLVD. STE. 300 SARASOTA FL 34236 US							
				3. Date Incorporated or Qualified 11/01/1971	3a. Date of Last Report 06/20/1995				
2. Principal Pl	ace of Business	2a. Mailing Address 26				4. FEI Number 59-2129773			Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	×		5 Additional Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,					
24	25 29 30		30			Florida Statutes Yes No			
	<ol><li>Name and Address of Current</li></ol>	Registered Agent		Ι,		10. Name and Address of New Re	gistered	Agent	
				81	Name				
WHEELER, CHRIS 240 N. WASHINGTON BLVD.,				82	Street Add	ldress (P.O. Box Number is Not Acceptable)			
#300	WASHINGTON BEVD.,		-						
	OTA FL 34236			84	City	······································	FL	<b>85</b> Zi	p Code
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 a	nd title if applicable (NC	TE: Rogistered	1 Agen	t signature require	ed when reinstating)	DATE		
12.	OFFICERS AND	<del></del>	13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	CERS ANI	DIRECTO	ORS IN 12
TiTLE	DTS	DELETE	1.1 T	ITLE				Change	Addition
NAME	TAYLOR, HOWARD		1.2 N	AME					
STREET ADDRESS	7011-D 301 BLVD		1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34243		1.4 0	ITY-S	T-ZIP			<u></u>	
TITLE	PD	DELETE	2.1 T	TLE				Change	Addition
NAME	WHEELER, CHRISTOPHER		22 N						
STREET ADDRESS	155 CATTLEMAN ROAD				ADDRESS				
CITY+ST-ZIP	SARASOTA FL 34232	The street			ST-ZIP				T Addition
TITLE	V	DELETE	311					Change	☐ Addition
NAME	FROSTAD, DAVID		3.2 N		4000000				}
STREET ADDRESS	2036 - 20TH ST. SARASOTA FL				ADDRESS				
CITY-ST-ZIP TITLE	D D	DELETE	3.4. U		ST-ZIP			Change	Addition
NAME	BARBERIO, ALAN			IAME					
STREET ADDRESS	1858 RINGLING BLVD.				ADDRESS				
CITY-ST-ZIP	SARASOTA FL			ITY-S					
TITLE	D	DELETE	5.1 T					Change	Addition
NAME	CAVANAUGH, JOHN		5.2 N	AME					
STREET ADDRESS	6121 PORTER RD.		5.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	SARASOTA FL		5.4 C	ITY-S	T-ZIP				
TITLE	D	DELETE	6.1 T	ITLE				Change	Addition
NAME	ELLIS, JOHN		6.2 N	AME					ŀ
STREET ADDRESS	2041 WHITFIELD PARK AVE.		6.3 S	TREET	ADDRESS				
CITY-ST-ZIP	SARASOTA FL			ITY-S				· · · · · · · · · · · · · · · · · · ·	
TA Into hereb	ay ceruty that the into(mation sunn)ied w	uri toje tijog je vojuptarijy furr	usped and	ana.	s not ouality.	for the exemption stated in Section 119 (	rzcona Eb	orida Statu	TAS ITURTHAR

• I uo nereby ceruly trial the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

HOLLARD E. TAYLOR DT

4/12/96 (941) 751-5656

CR2E037 (12/95)