

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90003 030 ****70.00

DOCUMENT # N21087

1. Corporation Name

FIRST DISCOVERY, INC.

Principal Place of Business

6131 5TH ST. E
FIRST DISCOVERY
BRADENTON FL 34203
US

Mailing Address

6131 5TH ST E
BRADENTON FL 34203
US



2. Principal Place of Business

21 **First Discovery**

Suite, Apt. #, etc.

22 **Bradenton**

City & State

23 **Bradenton FL**

Zip Country

24 **34203** 25 **Manatee**

2a. Mailing Address

26 **6131 5th St E**

Suite, Apt. #, etc.

27 **6131 5th St E**

City & State

28 **Bradenton FL**

Zip Country

29 **34203** 30 **Manatee**

3. Date Incorporated or Qualified

06/10/1987

4. FEI Number

59-1743126

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TRALICH, CARLA
908 65TH AVE. DR. W.
BRADENTON FL 34207

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 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

Tralich Carla

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

1/12/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **SD**
STREET ADDRESS **TRALICH, DELORES H.**
CITY-ST-ZIP **908 65TH AVENUE DR.W.**
BRADENTON FL 34207

TITLE ☐ DELETE

NAME **T**
STREET ADDRESS **TRALICH, TIMOTHY J.**
CITY-ST-ZIP **908 65TH AVENUE DR.W.**
BRADENTON FL 34207

TITLE ☐ DELETE

NAME **PD**
STREET ADDRESS **TRALICH, CARLA ANN**
CITY-ST-ZIP **908 65TH AVE. DR. W**
BRADENTON FL 34207

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/99 941-753-3112

CR2E037 (11/98)