

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N34729 (6)**

1. Corporation Name
MANATEE COUNTY RADIO CONTROLLERS, INC.



Principal Place of Business: P.O. BOX 546 BRADENTON FL 34206-7546
Mailing Address: P.O. BOX 546 BRADENTON FL 34206-7546

3. Date Incorporated or Qualified: 10/17/1989
3a. Date of Last Report: 04/12/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		65-0311349	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Zip	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			30		

9. Name and Address of Current Registered Agent

BOATMAN, JANE A.
710 17TH AVENUE WEST
PALMETTO FL 34221

10. Name and Address of New Registered Agent

81 Name: HAROLD R. MIXON
82 Street Address (P.O. Box Number is Not Acceptable): 4116 56th AVE TER. E.
83
84 City: BRADENTON FL 85 Zip Code: 34203

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: HAROLD R. MIXON CHAIRMAN & BOARD HAROLD R. MIXON 2/21/96
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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOATMAN, RANDY K.	1.2 NAME	NIOLET, ROGER
STREET ADDRESS	710 17TH AVENUE WEST	1.3 STREET ADDRESS	4312 MEADOWLAND CIR
CITY-ST-ZIP	PALMETTO FL	1.4 CITY-ST-ZIP	SARASOTA FL 34233
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPENSEE, MIKE	2.2 NAME	JONES, DAVID
STREET ADDRESS	231 LAKEVIEW P.O. BOX 614	2.3 STREET ADDRESS	6853 WHITMAN WAY
CITY-ST-ZIP	ANNA MARIA FL	2.4 CITY-ST-ZIP	SARASOTA FL. 34243
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DAVID	3.2 NAME	Lukow, BOB
STREET ADDRESS	7664 ALICIA LANE	3.3 STREET ADDRESS	7102 ABMAUB Dr. West
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	BRADENTON FL. 34209
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOATMAN, JANE A.	4.2 NAME	JONES, WAYNE
STREET ADDRESS	710 17TH AVENUE WEST	4.3 STREET ADDRESS	7122 12th COURT EAST
CITY-ST-ZIP	PALMETTO FL	4.4 CITY-ST-ZIP	SARASOTA FL. 34243
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNLAP, GARY	5.2 NAME	
STREET ADDRESS	4114 65 ST EAST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIOLET, ROGER	6.2 NAME	MIXON HAROLD
STREET ADDRESS	MEADOWLAND CIRCLE	6.3 STREET ADDRESS	4116 56th AVE TER. E.
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	BRADENTON FL 34203

14. I do hereby certify that 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: HAROLD R. MIXON HAROLD R. MIXON 2/21/96 941-753-4652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)