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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
P.O. BOX 546 BRADENTON FL 34206-7546 P.O. BOX 546 BRADENTON FL 34206-0546

3. Date Incorporated or Qualified **10/17/1989** 3a. Date of Last Report **02/26/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **65-0311349** Applied For Not Applicable
21 Suite, Apt #, etc 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
* **MIXON, HAROLD**
4116 58TH AVE TERR
BRADENTON FL 34203

10. Name and Address of New Registered Agent
81 Name **Raymond B. Thompson**
82 Street Address (P.O. Box Number is Not Acceptable) **13413 3rd Avenue East**
83
84 City **Bradenton** FL 85 Zip Code **34202**

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 *Raymond B. Thompson* **RAYMOND B. Thompson** **2-10-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	NOILET, ROGER	
STREET ADDRESS	4312 MEADOELAND CIR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	JONES, DAVID	
STREET ADDRESS	6853 WHITMAN WAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LUKOW, BOB	
STREET ADDRESS	7101 28THA VE DR WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JONES, WAYNE	
STREET ADDRESS	7122 12T CT EAST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUNLAP, GARY	
STREET ADDRESS	4114 85 ST EAST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SO	<input checked="" type="checkbox"/> DELETE
NAME	MIXON, HAROLD	
STREET ADDRESS	4116 58TH AVE TERR E	
CITY-ST-ZIP	BRADENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bob Lukow	
1.3 STREET ADDRESS	7102 28th Ave Dr W	D
1.4 CITY-ST-ZIP	Bradenton, FL 34209	
2.1 TITLE	1st V. Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Roger Niolet	
2.3 STREET ADDRESS	4312 Meadowland Circle	D
2.4 CITY-ST-ZIP	Sarasota, FL 34233	
3.1 TITLE	2nd V. Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dick Coles	
3.3 STREET ADDRESS	2010 19th Avenue West	
3.4 CITY-ST-ZIP	Bradenton, FL 34205	
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Raymond B. Thompson	
4.3 STREET ADDRESS	13413 3rd Avenue East	
4.4 CITY-ST-ZIP	Bradenton, FL 34202-9536	
5.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jack Faulkner	
5.3 STREET ADDRESS	5003 72nd Street East	
5.4 CITY-ST-ZIP	Bradenton, FL 34203	
6.1 TITLE	Chair. of Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Gary Dunlap	
6.3 STREET ADDRESS	4114 65th Street East	D
6.4 CITY-ST-ZIP	Bradenton, FL 34208	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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: *Bob Lukow* **Bob Lukow** **1-8-97** **792-6965**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0081639

CR2E037 (9/96)