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Feb 27 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 # **N47125** **(2)**

1. Corporation Name

PORT MANATEE TENANT'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O COASTAL FUELS MARKET 804 NORTH DOCK STREET PALMETTO FL 34221 US	C/O COASTAL FUELS MARKET 804 NORTH DOCK STREET PALMETTO FL 34221-6604 US

3. Date Incorporated or Qualified: 01/30/1992
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 65-0320981 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALLIGGOD, CLAYTON O.
804 NORTH DOCK STREET
STE 2900
PALMETTO FL 34221

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RYAN, NICHOLAS E. JR		1.2 NAME		
STREET ADDRESS	304 NATIONAL ST/PT MANATEE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TEMPLE, MARK		2.2 NAME		
STREET ADDRESS	475 N DOCK ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STANSBERRY, DONNA		3.2 NAME		
STREET ADDRESS	P.O. BOX 338 NA		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ALLIGOOD, CLAYTON O.		4.2 NAME		
STREET ADDRESS	804 NORTH DOCK STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	VPD	☐ Change ☒ Addition
NAME	ALBANO, TIM		5.2 NAME	L. Eugene Edenfield	
STREET ADDRESS	200 S TERMINAL ST/PT MANATEE		5.3 STREET ADDRESS	13250 Eastern Ave	
CITY-ST-ZIP	PORT MANATEE FL		5.4 CITY-ST-ZIP	Palmetto Fl	
TITLE	VPD	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	SHEFFIELD, EDWARD E		6.2 NAME		
STREET ADDRESS	RT 7./PT MANATEE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Clayton O. Alligood 2/20/97 9417227727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0082312