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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47125** (2)
1. Corporation Name

PORT MANATEE TENANT'S ASSOCIATION, INC.



Principal Place of Business C/O COASTAL FUELS MARKET 804 NORTH DOCK STREET PALMETTO FL 34221 US	Mailing Address C/O COASTAL FUELS MARKET 804 NORTH DOCK STREET PALMETTO FL 34221 US
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3. Date Incorporated or Qualified 01/30/1992	
4. FEI Number 65-0320981	Applied For ☐ Not Applicable

2. Principal Place of Business 21 C/O LAFARGE FLORIDA	2a. Mailing Address 26 C/O LAFARGE FLORIDA
Suite, Apt. #, etc. 22 304 NATIONAL ST.	Suite, Apt. #, etc. 27 304 NATIONAL ST.
City & State 23 PALMETTO FL	City & State 28 PALMETTO FL
Zip 24 34221	Country 25 USA
Country 29 34221	Country 30 USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent ALLIGOOD, CLAYTON O. 804 NORTH DOCK STREET STE 2000 PALMETTO FL 34221

10. Name and Address of New Registered Agent
81 Name RYAN, NICHOLAS E. JR
82 Street Address (P.O. Box Number is Not Acceptable) 304 NATIONAL ST., PT. MANATEE
83
84 City PALMETTO FL 85 Zip Code 34221

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 *Nicholas E. Ryan* *Insurer / Director* **4/25/98**
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE D/T	☐ DELETE
NAME RYAN, NICHOLAS E. JR	
STREET ADDRESS 304 NATIONAL ST/PT MANATEE	
CITY-ST-ZIP PALMETTO FL	
TITLE PD	☐ DELETE
NAME TEMPLE, MARK	
STREET ADDRESS 475 N DOCK ST	
CITY-ST-ZIP PALMETTO FL	
TITLE SD	☐ DELETE
NAME STANSBERRY, DONNA	
STREET ADDRESS P.O. BOX 338 NA	
CITY-ST-ZIP BRADENTON FL	
TITLE TD	☒ DELETE
NAME ALLIGOOD, CLAYTON O.	
STREET ADDRESS 804 NORTH DOCK STREET	
CITY-ST-ZIP PALMETTO FL	
TITLE VPO	☐ DELETE
NAME EDENFIELD, L. EUGENE	
STREET ADDRESS 13250 EASTERN AVE	
CITY-ST-ZIP PALMETTO FL	
TITLE D	☐ DELETE
NAME SHEFFIELD, EDWARD E	
STREET ADDRESS RT 7/PT MANATEE	
CITY-ST-ZIP PALMETTO FL	

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	D
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	ODELL SCOTT
4.3 STREET ADDRESS	2114 PINEY POINT RD.
4.4 CITY-ST-ZIP	PALMETTO, FL. 34221
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	PD
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.

SIGNATURE: *Nicholas E. Ryan* **4/25/98** **941-722-3480**

CR2E037 (10/97)