

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 610440 (0)**

1. Corporation Name

**U.S.A. ENTERPRISES OF MANATEE, INC.**

Principal Place of Business

Mailing Address

**1209 44TH AVENUE EAST  
BRADENTON FL 34203**

**1209 44TH AVENUE EAST  
BRADENTON FL 34203**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

**02/20/1979**

**05/17/1994**

2. Principal Place of Business

2a. Mailing Address

21  
Suite, Apt. #, etc.

26  
Suite, Apt. #, etc.

22  
City & State

27  
City & State

23  
Zip

Country

28  
Zip

Country

24

25

29

30

4. FEI Number

**59-1890325**

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

10. Name and Address of New Registered Agent

**GLASGOW, LOYD  
1209 44TH AVENUE EAST  
BRADENTON FL 34203**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \*

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>
NAME	<b>GLASGOW, LOYD H</b>
STREET ADDRESS	<b>4608 HWY. 41 NORTH</b>
CITY-ST-ZIP	<b>PALMETTO FL</b>
TITLE	<b>VP</b>
NAME	<b>GLASGOW III, L.H.</b>
STREET ADDRESS	<b>815 46TH ST CT EAST</b>
CITY-ST-ZIP	<b>PALMETTO FL</b>
TITLE	<b>STD</b>
NAME	<b>OAKES, L.W.</b>
STREET ADDRESS	<b>4005 62ND ST EAST</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>GLASGOW, MICHAELS</b>
2.3 STREET ADDRESS	<b>719 46TH ST CT EAST</b>
2.4 CITY-ST-ZIP	<b>PALMETTO FL</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE:

*LW Oakes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**LW OAKES, SECRETARY**

4/18/95 941/756-8727  
Date Time/Phone #