

FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **714283** (9)

1. Corporation Name

**MARINE INDUSTRIES ASSOCIATION OF MANATEE & SARAS
OTA COUNTIES, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 5552
BRADENTON FL 34281
US

P.O. BOX 5552
BRADENTON FL 34281-5552
US



3. Date Incorporated or Qualified 03/20/1968	3a. Date of Last Report 02/14/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 23-7033568	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITTAKER, THOMAS E.
1521 S. TAMiami TRAIL, SUITE 303
VENICE FL 34292**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTSHELL, LOU	1.2 NAME	
STREET ADDRESS	1061 KEN THOMPSON PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHIPP, EUGENE	2.2 NAME	
STREET ADDRESS	1801 KEN THOMPSON PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUDGETT, BILL	3.2 NAME	
STREET ADDRESS	1651 WHITFIELD AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTAKER, THOMAS E.	4.2 NAME	
STREET ADDRESS	1521 S. TAMiami TRAIL SUITE 303	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, BEN	5.2 NAME	
STREET ADDRESS	6040 GULF OF MEXICO DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, TERRY	6.2 NAME	
STREET ADDRESS	7090 PLACIDA ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE HAZE FL	6.4 CITY-ST-ZIP	

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: Thomas E. Whittaker **SIGNATURE REQUIRED** 4/26/97 941-497-5299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078483

CR2E037 (9/96)