

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>DOCUMENT # 719001 (0)</b> 1. Corporation Name <b>MANATEE FLOTILLA 83, INC.</b>
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Principal Place of Business <b>6901 26TH STREET WEST BRADENTON FL 34207</b>	Mailing Address <b>6901 26TH STREET WEST BRADENTON FL 34207-5711</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>02/19/1970</b>	3a. Date of Last Report <b>03/19/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  <b>CAMPBELL, RICHARD L. 2403 HOLYOKE AVENUE BRADENTON FL 34207</b>	10. Name and Address of New Registered Agent 81. Name <b>SHARON J. JONES</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>6715 NORTHAMPTON PL.</b> 83.  84. City <b>BRADENTON</b> <b>FL</b> 85. Zip Code <b>34207</b>
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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 to, 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 *Sharon J. Jones* **SHARON J. JONES, Flotilla Commander** 3/27/97  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPBELL, RICHARD L.</b>	1.2 NAME	<b>SHARON J. JONES</b>
STREET ADDRESS	<b>2403 HOLYOKE AVE.</b>	1.3 STREET ADDRESS	<b>6715 NORTHAMPTON PL.</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	1.4 CITY-ST-ZIP	<b>BRADENTON, FL.</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEIGER, FRANK E.</b>	2.2 NAME	
STREET ADDRESS	<b>4076 VALANDE LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHOLL, JOHN D</b>	3.2 NAME	
STREET ADDRESS	<b>6100 BAY STATE RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BITTNER, DANIEL R.</b>	4.2 NAME	
STREET ADDRESS	<b>4801 MT. VERNON DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL</b>	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEEK, J. ROBERT</b>	5.2 NAME	<b>RUEIN, JOSEPH</b>
STREET ADDRESS	<b>5316 53RD AVE.</b>	5.3 STREET ADDRESS	<b>P.O. BOX 550 (N/A)</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	5.4 CITY-ST-ZIP	<b>BRADENTON, FL</b>
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRAUSE, WALTER J</b>	6.2 NAME	
STREET ADDRESS	<b>6027 HOPKINS DR NO</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL</b>	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.

CR2E037 (9/96)