

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90058 040 \*\*\*\*61.25

DOCUMENT # 723459

1. Corporation Name

PIC TOWN ESTATES, INC.

Principal Place of Business

1201 50 AVE PLAZA W  
BRADENTON FL 34207  
US

Mailing Address

911 W 51 AVE  
BRADENTON FL 34207  
US



2. Principal Place of Business

21 1201 50th Ave Okz W  
Suite, Apt. #, etc.

2a. Mailing Address

28 1111 51 st Ave W  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

05/22/1972

4. FEI Number

23-7267399

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

City & State

23 Bradenton, FL 34207  
Zip Country

City & State

28 Bradenton, FL 34207  
Zip Country

24 34207

25 Manatee

29 34207

30 Manatee

9. Name and Address of Current Registered Agent

BUCHIN, MURIEL  
911 WEST 51 AVE  
BRADENTON FL 34207

10. Name and Address of New Registered Agent

81 Name

Mary J. Kummer

82 Street Address (P.O. Box Number is Not Acceptable)

1111 51st Avenue W

83

84 City

Bradenton

FL

85 Zip Code  
34207

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

*Mary J. Kummer*

Signature, typed or printed name of Registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-22-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS ELLSWORTH, DONALD  
CITY-ST-ZIP 1104 51ST AVE. W.  
BRADENTON FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS SAVARD, LEO  
CITY-ST-ZIP 908 51ST AVE PLAZA W  
BRADENTON FL

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS BARRETT, BONNIE  
CITY-ST-ZIP 911 WEST 51 AVE DR  
BRADENTON FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS BRANDANA, SUE  
CITY-ST-ZIP 1112 50TH AVE PLAZA W  
BRADENTON FL

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS BUCHIN, MURIEL  
CITY-ST-ZIP 911 - 51ST AVE., WEST  
BRADENTON FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS CARLSON, CARROL  
CITY-ST-ZIP 1005 50TH AVE TER W  
BRADENTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME L.S. Brandana  
1.3 STREET ADDRESS 1112 50th Ave. Plaza W  
1.4 CITY-ST-ZIP Bradenton, FL 34207

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME Irieta Coleman  
3.3 STREET ADDRESS 1106 50th Ave Plaza W  
3.4 CITY-ST-ZIP Bradenton, FL 34207

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME Eric Enders  
4.3 STREET ADDRESS 916 51 St Ave Dr W  
4.4 CITY-ST-ZIP Bradenton, FL 34207

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME Mary J. Kummer  
5.3 STREET ADDRESS 1111 51st Avenue W  
5.4 CITY-ST-ZIP Bradenton FL 34207

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME Quinten Wilcox  
6.3 STREET ADDRESS 908 50th Ave. Drive W  
6.4 CITY-ST-ZIP Bradenton FL 34207

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, with all other like empowered.

SIGNATURE:

*L. SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-99 (941) 753-5569  
Date Daytime Phone #

0066124

CR2E037 (11/98)