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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90085 041 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727540

1. Corporation Name

VETERANS HOLDING COMPANY OF SARASOTA, INC.

* 2 72718-90118-36 8 *

Principal Place of Business

 2445 FRUITVILLE ROAD
 POST OFFICE BOX 35
 SARASOTA FL 34230

Mailing Address

 2445 FRUITVILLE ROAD
 POST OFFICE BOX 35
 SARASOTA FL 34230


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/25/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		23-7249423	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		29		30	

9. Name and Address of Current Registered Agent

 SPRIAN, BAYLESS B
 2845 SAVOY DR
 SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name	DONALD MANN
82 Street Address (P.O. Box Number is Not Acceptable)	4212 CHARDON WAY
83	
84 City	SARASOTA FL
85 Zip Code	34232

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 DONALD MANN ST Donald Mann 3-15-99
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	DST <input checked="" type="checkbox"/> DELETE	1.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRAIN, BAYLESS B	1.2 NAME	DONALD MANN
STREET ADDRESS	2845 SAVOY DR	1.3 STREET ADDRESS	4212 CHARDON WAY
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA, FL. 34232
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLUS, ROSE	2.2 NAME	KERMIT ALVIS
STREET ADDRESS	2580 19TH ST	2.3 STREET ADDRESS	216 OAKWOOD BLVD
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA, FL. 34237
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DURHAM, JAMES	3.2 NAME	WARREN OTTESEN
STREET ADDRESS	4867 WATKINS AVENUE	3.3 STREET ADDRESS	4750 LARK RIDGE CIR.
CITY-ST-ZIP	SARASOTA, FL 00000	3.4 CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRESLIN, WILLIAM L	4.2 NAME	ALICE BARTHALOW
STREET ADDRESS	1068 HIGHLAND ST	4.3 STREET ADDRESS	2620 AUSTIN ST
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	MOLETKIN, NORMA	5.2 NAME	
STREET ADDRESS	6623 COLONIAL DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	MANN, ANNA	6.2 NAME	
STREET ADDRESS	4212 CHARDON WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	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, with all other like empowered.

 SIGNATURE: DONALD MANN ST Donald Mann 3-15-99 371-8767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)