## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 736959**

1. Corporation Name

Anna Maria Island Privateers, Inc.					1346467 90120 - 14		
Principal Place of Business  2703 17TH AVE WEST BRADENTON FL 34205 US  Mailing Address  2703 17TH AVE WEST BRADENTON FL 34205 US							
21	te, Apt. #, etc.  2a. Mailing Address 26  Suite, Apt. #, etc.				3. Date Incorporated or Qualifed 10/01/1976 4. FEI Number Applied For 59-1718904 Not Applicable		
City & State 23 Zip				5. Certificate of Status Desired \$8.75 Additional Fee Required  Country 6. Section Company Figuration \$5.00 May 80		ee Required	
24	25 29 30			Trust Fund Contribution Added to Fees			
	9. Name and Address of Current				10. Name and Address of New Registered Agent		
			81	Name			
WEYMAN, STANLEY			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
2703 17TH AVE WEST					- Aller Aller		
BRADENTON FL 34205			83			}	
			84	City	FL 85	Zip Code	
44 Durawant	to the provisions of Sections 617 0502	and 617 1508 Florida Statute	e the above	a-named co	progration submits this statement for the purpose of change	ing its registered	
office or r	egistered agent, or both, in the State o	f Florida. Such change was au	thorized by	the corpor	ation's board of directors. I hereby accept the appointment	as registered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 617.0503, Flori	da Statutes				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agen	t signature req	uired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIR		
TITLE	PD	☐ DELETE	1.1 TITLE			hange 🗌 Addition	
NAME	MADDOX, RICK		1.2 NAME				
STREET ADDRESS	4515 124TH ST CT WEST		1.3 STREET	ADDRESS			
CITY-ST-ZIP	00,1102,100,10		1.4 CITY-S	1.4 CITY-ST-ZIP			
TITLE	TD □ DELETE 2:1		2.1 TITLE			hange	
NAME	WEYMAN, STANLEY	l.	2.2 NAME				
STREET ADDRESS	2703 17TH AVE W.		2.3 STREET	ADDRESS	را الله الأي المنظمة ا	•- ••	
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP			
TITLE			3.1 TITLE	-		hange [] Addition	
NAME	William, Broce		3.2 NAME	1			
STREET ADDRÉSS	508 HILLCREST DRIVE N.W.		3.3 STREET	ADORESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	— По	- D Addition	
TITLE	,,,		4.1 TITLE		Цu	hange	
NAME	STEWART, MITCH		4. 2 NAME				
STREET ADDRESS	217 46TH ST W 43		4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	, pure	<b>*</b>	
TITLE	D	DELETE	5.1 TITLE	-		hange Addition	
NAME	JACKSON, BARRY		5.2 NAME	1	PETER CALCATERA		
STREET ADDRESS	P.O. BOX 1941 N/A				100 415TST W.		
CITY-ST-ZIP	HOLMES BEACH EL 34218		5.4 CITY-S	T-ZIP	BRADENMAN SK 34209		

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STOKES, WILL

2506 NIGHTINGALE LN

**BRADENTON FL 34209** 

TITLE

NAME

STREET ADDRESS

□ DELETE ·

941-247-7778

☐ Change

☐ Addition

**FILED** 

03-01-1999 90120 014 \*\*\*\*70.00

Mar 01, 1999 8:00 am § Secretary of State