## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600003309 (9)

DKS PROPERTIES OF MANATEE COUNTY, INC.

FILED
May 06 1998 8:00am
Secretary of State

Principal Place of Business		Mailing Address				I HODINOD LINE RUKIN BANK GORN BERNI DI	AM BOM BOM	AN INNN HIN D		
2300 WHITFIELD PARK DRIVE SARASOTA FL 34243 US		2300 WHITFIELD PARK DRIVE SARASOTA FL 34243 US								
					DO NOT WRITE IN THIS SPACE					
									_	
						3. Date Incorporated or Qualified				
2. Principal Place of B	Usiness	2a. Mailing Addres	88			05/30/1996 4. FEI Number			Applied For	4
21		26			37-1354583			ot Applicable	. –	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			- <del></del>			Additional	┪
22		27			5. Certificate of Status Desired		Fee F	Required		
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be	7	
23		28			Trust Fund Contribution		Addec	to Fees	_	
Zip Country		<del></del>	Zip Country		8. This corporation owes or has pa	_	-			
24	25 me and Address of Curre	29 29 Accept				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent				
·		iit ueðistalen wheiit		81	Name	10. Harrie and Address of New No	gistered ;	Agent		4
BARNES, GARRET 3119 MANATEE AVE W										
	N FL 34205			82	Street Add	dress (P.O. Box Number is Not Acceptable)				
DINOCHIC	7N FL 04203			83					<del></del>	1
				<u>.</u>	0:			722 3		4
				84	City		FL	<b> 85</b>   Zip	Code	
11. Pursuant to the pro	ovisions of Sections 607.050	02 and 607.1508, Florida	Statutes, the	abovi	e-named co	rporation submits this statement for the p	ourpose of	changing	its registered	1
agent. I am familia	r with, and accept the oblig	ations of, Section 607.0	505, Florida Sta	atutes	y ine corpora s.	ation's board of directors. I hereby acce	ж ине арр	pintment a	ន មេជិនខេតេក	
SIGNATURE	ypod or printed name of registered ag	and and tills if one finable	(A)OTC . Denistra	ad An	ont alonal un ana	ured when reinstating)	DATE			
12.	·	ND DIRECTORS	13.		ant signature requ	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12	6
TITLE DCP	<u> </u>	☐ DEL		TITLE				Change		1001
NAME STAF	RK, DAVID K		1.21	NAME		•				
STREET ADDRESS 1805 WASHINGTON ST		1.3 ST		STREET	ADDRESS					POEMA
CITY-ST-ZIP BLO	OMINGTON IL 61701			CITY-S	ST-ZIP					_ &
YMLE		L. DEL	ETE 2.1	TITLE				L Change	Addition	Ic.
NAME			2.21	MAME						
STREET ADDRESS			2.3 :	STAEET	ADDRESS					
CITY-ST-ZIP		DEL			ST-ZIP			Change	Addition	-
TITLE		ויין היין	1	ITLE				- change	ADDRION	
NAME STREET ADDRESS				NAME	ADDRESS					1
CITY-ST-ZIP					ST-ZIP					
TITLE		☐ DELI		UTLE	51-20"			Change	Addition	1
NAME				NAME						1
STREET ADDRESS					ADDRESS					-
CITY-ST-ZIP				CITY-S						1
TITLE		☐ DELI	ETE 5.11	TITLE				Change	Addition	1
NAME			5.21	NAME	1					
STREET ADDRESS			538	STREET	ADDRESS					
CITY-ST-ZIP					7-7iP			<del></del>		1
TITLE		☐ DEL	ETE 6.1 1	TITLE				Change	Addition	
NAME				VAME						
STREET ADDRESS			6.3 5	STREET	ADDRESS		•			
CITY-ST-ZIP	t the information are all all	att this files does		CITY-S		Cooling 140 07/0V/0 Florida Chat the	further :		a information	4
14. I nereby certify tha	it the information supplied v	vier mis ning does not q	uality for the ex	emp	nion stated (	n Section 119.07(3)(i), Florida Statutes. I	runner ce	rary that th	e intornation	1

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual report or supplemental annual report is frue 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 coprolation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607 and that my name appears in the coprolation of the control of the coprolation of the coprolation of the receiver of trustee empowers in the coprolation of the coprolatio

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