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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **F9600003309**1. Corporation Name

DKS PROPERTIES OF MANATEE COUNTY, INC.

| Principal Place of Business Mailing Address | | | | | | | | | | |
|--|--|--|--------------|--------------------|---|---|--------------|----------|--------------|--|
| 2300 WHITFIELD PARK DRIVE SARASOTA FL 34243 US | | 2300 WHITFIELD PARK DRIVE SARASOTA FL 34243 US | | | | DO NOT WRITE IN THIS | SPACE | <u>:</u> | | |
| 00 | | • | | | | 3. Date Incorporated or Qualifed 05/30/1996 | | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number Applied Fo | | | | |
| 21 | | 26 | | | | 37-1354583 | 60 | | Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | atus Desired | | | |
| City & State | | City & State | | | | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees | | | | |
| Zip | Country 25 | Zip 29 | Co. | untry | | This corporation owes the current year in Personal Property Tax. | langible | <u> </u> | □No | |
| -71 | 9. Name and Address of Currer | | | Ţ | | 10. Name and Address of New Registered | Agent | | | |
| | | | | 81 | Name | | | | - | |
| BARNES, GARRET 3119 MANATEE AVE W | | | 82 | Street Ad | dress (P.O. Box Number is Not Acceptable) | | | | | |
| BRADENTON FL 34205 | | | | 83 | | | | | | |
| | | | | 84 | City | FL | 85 | Zip Co | ode | |
| SIGNATURE | Signature, typed or printed name of registered age | nt and title if applicable. (NOT | E: Registere | d Ager | nt signature requ | ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A | ND DIRE | CTOF | S IN 12 | |
| TITLE | DCP | DELETE | 1.1 7 | ITLE | | | Ch | | Addition | |
| NAME | STARK, DAVID K | | | 1.2 NAME | | | | | | |
| STREET ADDRESS | | | 1.3 S | 1.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | BLOOMINGTON IL 61701 | | | | IT-ZIP | | | | | |
| TITLE | | ☐ DELETE | 2.1 T | | | | Ch | ange | ☐ Addition | |
| NAME | | | 2.2 N | IAME | | • | | | | |
| STREET ADDRESS | | | 2.3 5 | TREE | TADDRESS | | | _ | | |
| CITY-ST-ZIP | | | | | ST-ZIP | | | | Addition | |
| TITLE | | ☐ DELETE | 3.1 T | | | | Ch | ange | ☐ Addition [| |
| NAME | | | | IAME | | | | | | |
| STREET ADDRESS | | | | | TADDRESS ST-ZIP | | | | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | | TTLE | 51-ZIP | | ☐ Ch | ange | Addition | |
| NAME | | | 4.2 | NAME | | | | | | |
| STREET ADDRESS | | | 4.3 5 | TREE | TADDRESS | | | | | |
| CITY-ST-ZIP | | | 4.4 (| ity-s | T-ZIP | | | | | |
| TITLE | | ☐ DELETE | | TTLE | | | Ch | ange | ☐ Addition | |
| NAME | | | 1 | AME | | • | | | ł | |
| STREET ADDRESS | | | | | TADDRESS | | | | ĺ | |
| CITY-ST-ZIP | | Decer | | TITLE | ST-ZIP | | Ch | anne | Addition | |
| TITLE | | ☐ DELETE | | JAME | | | | un igio | | |

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 607, 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

941-758-0568