SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # H36793 (8) BILCO OF MANATEE COUNTY, INC. Mailing Address Principal Place of Business 5316 MARINA DRIVE 6023 SHORE ACRES DRIVE HOLMES BEACH FL 34217 **BRADENTON FL 34209-1447** 3a. Date of Last Report 3. Date Incorporated or Qualified 12/17/1984 04/04/1995 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 21 26 59-2479440 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country  $Z_{10}$ Zip Yes No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KOEHN, ALLENE D. 82 Street Address (P.O. Box Number is Not Acceptable) 6023 SHORE ACRES DR **BRADENTON FL 33529** 83 84 85 Zip Code City Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Thereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typic flor pointed came of registered agent and title of applicable (NOTE Begistered Agont's gradule required when reins' single ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE 1.1 TATLE TITLE 1.2 NAME NAME KOEHN, WILLIAM G. 1.3 STREET ADDRESS STREET ADDRESS 6023 SHORES ACRES DR **BRADENTON FL.** 1.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 21 11/11 TITLE VST 2 2 NAME NAME KOEHN, ALLENE D. 2.3 STREET ADDRESS STREET ADDRESS 6023 SHORES ACRES DR 2 4 CITY - ST - ZIP CITY-ST-ZIP BRADENTON FL Change Addition DELETE 3.1 T/TLF TITLE 3.2 NAME NAME KOEHN, ALLENE D 6023 SHORES ACRES DRIVE 3.3 STREET ADDRESS STREET ADDRESS BRADENTON FL. 3 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - ST - ZIP

4 4 CITY - ST - ZIP

5.1.11TLE

5.2 NAME

6.1 1111.6

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

THTLE NAME

SIGNATURE AND TYPED OR PANTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

7/15/96 941+718-228)

(36/8)

CR2E034

Change Addition

Change Addition