

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

0387533

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90200 019 ***150.00

DOCUMENT # **H99337**

1. Corporation Name

MANGROVE CAY, INC.



Principal Place of Business

**2502 ROCKY POINT DR
695
TAMPA FL 33607**

Mailing Address

**2502 ROCKY POINT DR
695
TAMPA FL 33607**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4301 Anchor Plaza Parkway

Suite, Apt. #, etc.

22 Suite 400

City & State

23 Tampa, FL

Zip

24 33634

Country

25 US

2a. Mailing Address

26 4301 Anchor Plaza Parkway

Suite, Apt. #, etc.

27 Suite 400

City & State

28 Tampa, FL

Zip

29 33634

Country

30 US

3. Date Incorporated or Qualified

02/12/1986

4. FEI Number

59-2641576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LAUER, F. BRUCE
2502 ROCKY POINT DR
STE 695
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4301 Anchor Plaza Parkway, Ste 400

83

84 City

Tampa,

FL

85 Zip Code
33634

11. 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **LAUER, F. BRUCE**

STREET ADDRESS **2502 ROCKY POINT DR**

CITY-ST-ZIP **TAMPA FL**

TITLE **V** ☐ DELETE

NAME **WILKINS, WILLIAM B.**

STREET ADDRESS **2502 ROCKY POINT DR**

CITY-ST-ZIP **TAMPA FL**

TITLE **V** ☐ DELETE

NAME **CLARK, PETER B.**

STREET ADDRESS **2502 ROCKY POINT DR**

CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**4301 Anchor Plaza Parkway, Ste 400
Tampa, FL 33634**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**4301 Anchor Plaza Parkway, Ste 400
Tampa, FL 33634**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**4301 Anchor Plaza Parkway, Ste 400
Tampa, FL 33634**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)