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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J68353

(8)

MANATEE LABORATORIES, INC.

FILED	
May 01 1997 8:00an	n
Secretary of State	



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% MARIE CALHOON 990 N DOCK ST/ PORT MANATEE PALMETTO FL 34221-3605		% MARIE CALHOON 990 N DOCK ST/ PORT MANATEE PALMETTO FL 34221						
					3. Date Incorporated or Qualified 04/17/1987	3a. Date o 04/23/1		eport
2. Principal Place of Business		2a. Mailing Address		·	4. FEI Number	di	Ap	plied For
51		26			59-2796654		4	t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 A Fee Re	Additional outred
City & State	ie	City & State			6. Election Campaign Financing	·····	\$5,00	
23		28			Trust Fund Contribution		Added t	
Ζp	Country	Zip	Count	ry	This corporation has liability for in Florida Statutes	ntangible tax Yes 🔀 N		199.032,
24	25] 9. Name and Address of (29 Current Registered Agent	1301		10. Name and Address of New Reg			
CALH	HOON, MARIE		8	1 Name				·
	22ND ST. NE.		<u> </u>					
	DENTON FL 34208		{ 8 ;	2 Street Add	dress (P.O. Box Number is Not Acceptable	le)		
LA VIL	DEITION I E OTEVO		8	3		······································		· · · · · · · · · · · · · · · · · · ·
			_					
			B	4 City		FL 8	5 Zip C	Code
11. Persuant 1	to the provisions of Sections 60	07.0502 and 607.1508. Florida Stati	ites, the abo	ve-named cor	rooration submits this statement for the p		noina íti	s registered
office or r	registered agent, or both, in the	State of Florida. Such change was	authorized I	by the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	t the appoint	ment as	registered
	an) tamiliar with, and according	COCO, 100 FIORISM II SECTION 907,0505, I	יוטווטמ אומוטוי	U 5.				
SIGNATURE	Segme me, typic dior printed name of rogist	ered acket and title II applicable. (N	OTE Registered A	gent signature regu	ured when reinstaling)	DATE		
								¥ 15. 72.
12.	OFFICER	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DI	RECTOR	IS IN 12
12. J:J(F	OFFICER P	AS AND DIRECTORS DELETE	13. 11 Title				RECTOR Change	
T:JLF	P CALHOON, MARIE			i				
ISTEF NAME	P		1 1 TITLE 1.2 NAMI	i				
TOTUE NAME STREET ACCORDSS	P CALHOON, MARIE		1 1 TITLE 1.2 NAMI 1.3 STRE	ET ADDRESS				
DILF NAME STREET ADDRESS CITY-ST-201	P CALHOON, MARIE 206 22ND ST. N.E.		1 1 TITLE 1.2 NAMI	ET ADDRESS - ST-ZIP				
DILF NAME STREET ADDRESS CITY-ST-2011 THEE	P CALHOON, MARIE 206 22ND ST. N.E. BRADENTON FL	☐ DELEYE	1.1 Tatle 1.2 Nami 1.3 Stre 1.4 Caty	ET ADDRESS -ST-ZIP			Change	Addition
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14. I do hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f). Horida 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 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.

SIGNATURE: MALE F BALLY AND THE OR SIGNING OFFICER OF DIRECTOR F. CALHON 04-24-97 (941)723-2263

0525500