## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996
DOCUMENT #

J76007

(0)

THE WOODCRAFTERS OF MANATEE, INC.

Principal Place of Business 6103 28TH ST EAST BRADENTON FL 34203

Mailing Address

6103 28TH ST EAST BRADENTON FL 3420



JDENTON	111 04200		DRAUENIC	N FL 342U3							
								3. Date Incorporated or Qualified 05/28/1987	3a. Date	of Las 5/01/	t Report <b>1995</b>
2. Principal Pla	lace of Busine	ess	F1 ~	2a. Mailing Address				4. FEI Number	<b>-</b>	T	Applied For
21			26]					59-2829577		-	Not Applicable
Suite, Apt.	#, etc.		Suite, Apr	Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Additional ee Required
City & State	Э		F~~~1	City & State				6. Election Campaign Financing			.00 May Be
Zip		Country	Zip	T	Count			Trust Fund Contribution			ded to Fees
24		25	29	}	30	ιy		8. This corporation has liability for in Florida Statutes		k unde	rs 199.032,
	9. Name	and Address of Curre		l nt	[30]			Florida Statutes Yes  10. Name and Address of New Re			
	<del></del>				B	1	Name	To. Name and Address of New Ri	egistered A	gent	
WILSON	1, WILLIAM	E., IN			Ľ						
	TH AVE W			8	2	Street Addres	ss (P.O. Box Number is Not Acceptabl	e)			
	NTON FL 3	3505			8	3					
					8		Carr			1. 1	
						- 1	City		FL	1 1	Zip Code
		ons of Sections 607.050 both, in the State of Flo of the obligations of, Sec			, the above I by the cor	rpoi	amed corporat ration's board	tion submits this statement for the purp of directors. Thereby accept the appo	ose of char intment as i	nging it register	ls registered office red agent. I am
	Signature, typod o	or pouled name of registered age		(NOTE	Ragistered Ag	porit s	signature required v	when reinstating)	DATE		
12.	<u> </u>	OFFICERS AF	ND DIFIECTORS		13.			ADDITIONS/CHANGES TO OFFICE	CERS AND	DIREC	TORS IN 12
TITLE	WILEON	I, WILLIAM E., III		ELETE	3. 1 TITLE	ŧ			Ü	] Chang	e 🔲 Addition
NAME		TH AVE W			1.2 NAME	Ē					
STREET ADDRESS					1.3 STREE	ET A	DORESS				
CITY-S1-ZIP		NTON FL			1.4 CITY-	- \$1-	- 21P				
TITLE	S	LABORALI		ELETE	2 1 TITLE	F				Chang	e 🔲 Addition
NAMé		I, KAREN L.			22 NAME						
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CITY-ST-ZIP	DRAUEI	ITON FL			2.4 CiTY -	· S1 -	ZIP				
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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 find that my signature shall have the same legal effect as if made under eath; 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

GNATURE: WILLIAME, WILSON TIL

4-29-96 941-754-6610