

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY - 1 PM 1:34

DOCUMENT # M90467

(5)

1. Corporation Name

BF MANATEE, INC.

Principal Place of Business

6036 CLARK CENTER AVENUE
SARASOTA FL 34238

Mailing Address

6036 CLARK CENTER AVENUE
SARASOTA FL 34238

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1988

3a. Date of Last Report

07/06/1994

4. FEI Number

59-2896211

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

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21 10801 Starkey Road

Suite, Apt. #, etc.

22 16

City & State

23 Largo, FL

Zip

24 34689

Country

2a. Mailing Address

26 10801 Starkey Road

Suite, Apt. #, etc.

27 16

City & State

28 Largo, FL

Zip

29 34689

Country

9. Name and Address of Current Registered Agent

MCGILLEN, ROBERT L.
6036 CLARK CENTER AVENUE
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name

McGillen, Robert L.

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

10801 Starkey Road #16

83

84 City

Largo

FL

85 Zip Code

34689

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

Robert L. McGillen

(NOTE: Registered Agent signature required when registering)

DATE

4/28/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCGILLEN, ROBERT L.
STREET ADDRESS	6036 CLARK CTR. AVE.
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	MCGILLEN, VIVIAN L.
STREET ADDRESS	6036 CLARK CTR. AVE.
CITY - ST - ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	McGillen, Robert L.	
1.3 STREET ADDRESS	10801 Starkey Road #16	
1.4 CITY - ST - ZIP	Largo, FL 34689	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	McGillen, Vivian L.	
2.3 STREET ADDRESS	10801 Starkey Road #16	
2.4 CITY - ST - ZIP	Largo, FL 34689	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, unchanged, or on an attachment with an address.

SIGNATURE:

Robert L. McGillen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/95

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