

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90096 031 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N22308

1. Corporation Name

A TASTE OF MANATEE COUNTY, INC.

Principal Place of Business

5917 MANATEE AVE W
BRADENTON FL 34209
US

Mailing Address

5917 MANATEE AVE W
BRADENTON FL 34209
US



| | | | | | |
|--------------------------------|--|-------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 08/31/1987 | |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 4. FEI Number | |
| 23. City & State | | 28. City & State | | 59-2842902 | |
| 24. Zip | | 29. Zip | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| 25. Country | | 30. Country | | <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| GAULT, LINDA 5917 MANATEE AVE W 7406 13 AVE W BRADENTON FL 34209 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | FL | | | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GAULT, LINDA | 1.2 NAME | SAME |
| STREET ADDRESS | 5917 MANATEE AVE W 7406 13 AVE W | 1.3 STREET ADDRESS | 7406 13 AVE W |
| CITY-ST-ZIP | BRADENTON FL 34209 | 1.4 CITY-ST-ZIP | SAME |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COFFEY, FREDERICK | 2.2 NAME | |
| STREET ADDRESS | 2603 60TH AVE E | 2.3 STREET ADDRESS | 320 48th St W |
| CITY-ST-ZIP | ELLENTON F | 2.4 CITY-ST-ZIP | Palmetto FL 34221 |
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PENNING, TINA | 3.2 NAME | |
| STREET ADDRESS | 5131 14TH STREET W | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRADENTON FL 34207 | 3.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | TR <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Tony Gallo | 4.2 NAME | Tony Gallo |
| STREET ADDRESS | 1502 5TH ST W | 4.3 STREET ADDRESS | 1502 25TH ST W |
| CITY-ST-ZIP | Palmetto FL 34221 | 4.4 CITY-ST-ZIP | palmetto FL 34221 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 617, 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: *Tina Penning* **1502 5TH ST W** **Palmetto, FL 34221** **3-19-99** **941-729-7777**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)