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Jan 28 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N38951 (2)

1. Corporation Name  
HUMANATEE, INC.

Principal Place of Business  
115 RODDENBERRY SINK RD.  
CRAWFORDVILLE FL 32327

Mailing Address  
P O BOX 52  
ST. MARKS FL 32355-0052  
US



3. Date Incorporated or Qualified 07/05/1990  
3a. Date of Last Report 03/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

30

4. FEI Number  
59-3306582

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KING, TOM  
115 RODDENBERRY SINK RD.  
CRAWFORDVILLE FL 32327

81 Name

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

83

84 City

FL

85 Zip Code

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 *Tom King*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/10/97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C/D ☐ DELETE  
NAME KING, TOM  
STREET ADDRESS 115 RODDENBERRY SINK RD.  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE C ☐ DELETE  
NAME FINCH, CATHY  
STREET ADDRESS 19 LACY PARK  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME KING, CATHY  
STREET ADDRESS 115 RODDENBERRY SINK RD.  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME EVANS, GRETCHEN  
STREET ADDRESS 6527 COASTAL HWY.  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME JOHNSON, TERRI  
STREET ADDRESS 1137 WAKULLA ARRAN RD  
CITY-ST-ZIP CRAWFORDVILLE FL

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME  
5.3 STREET ADDRESS 32327  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME YOUNGSTRAND, JACKIE  
STREET ADDRESS 561 RIVER PLANTATION  
CITY-ST-ZIP CRAWFORDVILLE FL

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME  
6.3 STREET ADDRESS 32327  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Tom King* Tom King

1/10/97 904-488-0534  
Date Daytime Phone #

CR2E037 (9/96)