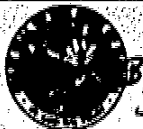


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT

1995 5-1-95



FLORIDA DEPARTMENT OF STATE

Sandra B. Northern

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47125 (2)

1. Corporation Name

PORT MANATEE TENANT'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O NATIONAL PORTLAND CEMENT
304 NATIONAL ST/PT MANATEE
PALMETTO FL 34221
US

C/O NATIONAL PORTLAND CEMENT
304 NATIONAL ST/PT MANATEE
PALMETTO FL 34221
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0320981

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

RYAN NICHOLAS E JR
304 NATIONAL ST/PT MANATEE
STE 2900
PALMETTO FL 34221

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

April 24, 1995

12. OFFICERS AND DIRECTORS

TITLE D
NAME RYAN, NICHOLAS E. JR
STREET ADDRESS 304 NATIONAL ST/PT MANATEE
CITY - ST - ZIP PALMETTO FL

TITLE D
NAME ~~MACK, TEMPLE~~
STREET ADDRESS 475 N DOCK ST
CITY - ST - ZIP PALMETTO FL

TITLE SD
NAME MANGRUM, TODD
STREET ADDRESS RT 7 BLDG J/PT MANATEE
CITY - ST - ZIP PALMETTO FL

TITLE TD
NAME ALLIGOOD, CLAYTON RUSTY
STREET ADDRESS % POB 839
CITY - ST - ZIP PALMETTO FL

TITLE PD
NAME ALBANO, TIM
STREET ADDRESS 200 S TERMINAL ST/PT MANATEE
CITY - ST - ZIP PORT MANATEE FL

TITLE VPD
NAME SHEFFIELD, EDWARD E
STREET ADDRESS RT 7/PT MANATEE
CITY - ST - ZIP PALMETTO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TEMPLE, MARK

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 24, 1995 813-722-3480