

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N47125** (2)

1. Corporation Name

**PORT MANATEE TENANT'S ASSOCIATION, INC.**



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified  
**01/30/1992**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 C/O Coastal Fuels Mktg

26 C/O Coastal Fuels Mktg

22 Suite, Apt. #, etc.  
804 N. Dock ST

27 Suite, Apt. #, etc.  
804 N. Dock ST

23 City & State  
Palmetto Florida

28 City & State  
Palmetto Florida

24 Zip  
34221

25 Country  
U.S.

29 Zip  
34221

30 Country  
U.S.

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

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

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 **Clayton O. Allgood**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**105708 LORRAINE P. COASTAL**  
83 **804 N. Dock ST - Port Manatee**  
84 City **Palmetto** FL 85 Zip Code **34221**

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

*Clayton O. Allgood*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE  
**4/8/96**

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME **TEMPLE, MARK**  
STREET ADDRESS **475 N DOCK ST**  
CITY - ST - ZIP **PALMETTO FL**

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME **TD ALLGOOD, CLAYTON RUSTY**  
STREET ADDRESS **PO BOX 899**  
CITY - ST - ZIP **PALMETTO FL**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

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

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE **PD** ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE **SD** ☐ Change ☒ Addition

32 NAME **DONNA STANSBERRY**

33 STREET ADDRESS **PO BOX 338**

34 CITY - ST - ZIP **Bradenton FLA 34206**

41 TITLE ☒ Change ☐ Addition

42 NAME **Allgood Clayton O.**

43 STREET ADDRESS **804 N. Dock ST.**

44 CITY - ST - ZIP

51 TITLE **D** ☒ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 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 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:

*Clayton O. Allgood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/8/96** DAYTIME PHONE # **941-722-7727**

CR2E037 (12/95)