

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 **804 N. Dock ST**

27 **804 N. Dock ST**

23 **Palmetto Florida**

28 **Palmetto Florida**

24 **34221** 25 **U.S.**

29 **34221** 30 **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. Alligood**
82 Street Address (P.O. Box Number is Not Acceptable) **105708 LOTTAINE 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Clayton O. Alligood

4/8/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RYAN, NICHOLAS E. JR	
STREET ADDRESS	304 NATIONAL ST/PT MANATEE	
CITY - ST - ZIP	PALMETTO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TEMPLE, MARK	
STREET ADDRESS	475 N DOCK ST	
CITY - ST - ZIP	PALMETTO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MANGRUM, TODD	
STREET ADDRESS	RT 7 BLDG J/PT MANATEE	
CITY - ST - ZIP	PALMETTO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ALLIGOOD, CLAYTON RUSTY	
STREET ADDRESS	PO BOX 899 PALMETTO FL	
CITY - ST - ZIP	PALMETTO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALBANO, TIM	
STREET ADDRESS	200 S TERMINAL ST/PT MANATEE	
CITY - ST - ZIP	PORT MANATEE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	DONNA STANSBERRY	
33 STREET ADDRESS	PO BOX 338	
34 CITY - ST - ZIP	Bradenton FLA 34206	
41 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Alligood Clayton O.	
43 STREET ADDRESS	804 N. Dock ST.	
44 CITY - ST - ZIP		
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clayton O. Alligood

4/8/96 941 722 7227

CR2E037 (12/95)