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FILED

Feb 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 COASTAL FUELS MARKET  
804 NORTH DOCK STREET  
PALMETTO FL 34221  
US

Mailing Address

C/O COASTAL FUELS MARKET  
804 NORTH DOCK STREET  
PALMETTO FL 34221-6604  
US3. Date Incorporated or Qualified  
01/30/19923a. Date of Last Report  
04/15/1996

4. FEI Number

65-0320981

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLIGOOD, CLAYTON O.  
804 NORTH DOCK STREET  
STE 2900  
PALMETTO FL 34221

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

DELETE

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

DELETE

TITLE SD  
NAME STANSBERRY, DONNA  
STREET ADDRESS P.O. BOX 338 NA  
CITY-ST-ZIP BRADENTON FL

DELETE

TITLE TD  
NAME ALLIGOOD, CLAYTON O.  
STREET ADDRESS 804 NORTH DOCK STREET  
CITY-ST-ZIP PALMETTO FL

DELETE

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

X DELETE

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

DELETE

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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 it changed, or on an attachment with an address.

SIGNATURE:

Signature: typed or printed name of signing officer or director

Date 2/20/97 9417227727

CR2E037 (9/96)