

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27 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 # N47125 (2)

1. Corporation Name

PORT MANATEE TENANT'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O COASTAL FUELS MARKET
804 NORTH DOCK STREET
PALMETTO FL 34221
US

C/O COASTAL FUELS MARKET
804 NORTH DOCK STREET
PALMETTO FL 34221-6604
US

3. Date Incorporated or Qualified
01/30/1992

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

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

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

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

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

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

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

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

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

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

5.1 TITLE Change Addition
5.2 NAME VPD
5.3 STREET ADDRESS L. Eugene Eden Field
5.4 CITY-ST-ZIP 13250 Eastern Ave
Palmetto Fl

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

6.1 TITLE Change Addition
6.2 NAME D
6.3 STREET ADDRESS
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:

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

2/20/97 9417327727
Date Daytime Phone # 0062312

CR2E037 (9/96)