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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified 01/30/1992	
4. FEI Number 65-0320981	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 C/O LAFARGE FLORIDA	2a. Mailing Address 26 C/O LAFARGE FLORIDA
Suite, Apt. #, etc. 22 304 NATIONAL ST.	Suite, Apt. #, etc. 27 304 NATIONAL ST.
City & State 23 PALMETTO FL	City & State 28 PALMETTO FL
Zip 24 34221	Country 25 USA
Zip 29 34221	Country 30 USA

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent ALLIGOOD, CLAYTON O. 804 NORTH DOCK STREET STE 2000 PALMETTO FL 34221

10. Name and Address of New Registered Agent 81 Name RYAN, NICHOLAS E. JR 82 Street Address (P.O. Box Number is Not Acceptable) 304 NATIONAL ST., PT. MANATEE 83 84 City PALMETTO FL 85 Zip Code 34221
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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 *Nicholas E. Ryan* **Insurer / Director** **4/25/98**
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D/T RYAN, NICHOLAS E. JR
STREET ADDRESS	304 NATIONAL ST/PT MANATEE
CITY-ST-ZIP	PALMETTO FL
TITLE	<input type="checkbox"/> DELETE
NAME	PD TEMPLE, MARK
STREET ADDRESS	475 N DOCK ST
CITY-ST-ZIP	PALMETTO FL
TITLE	<input type="checkbox"/> DELETE
NAME	SD STANSBERRY, DONNA
STREET ADDRESS	P.O. BOX 338 NA
CITY-ST-ZIP	BRADENTON FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	TD ALLIGOOD, CLAYTON O.
STREET ADDRESS	804 NORTH DOCK STREET
CITY-ST-ZIP	PALMETTO FL
TITLE	<input type="checkbox"/> DELETE
NAME	VPO EDENFIELD, L. EUGENE
STREET ADDRESS	13250 EASTERN AVE
CITY-ST-ZIP	PALMETTO FL
TITLE	<input type="checkbox"/> DELETE
NAME	D 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ODELL SCOTT
4.3 STREET ADDRESS	2114 PINEY POINT RD.
4.4 CITY-ST-ZIP	PALMETTO, FL. 34221
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PD
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Nicholas E. Ryan* **4/25/98** **941-722-3480**

CR2E037 (10/97)