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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	
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 **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**ALLIGOD, 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

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* **4/25/98**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D/T	<input type="checkbox"/> DELETE
NAME	RYAN, NICHOLAS E. JR	
STREET ADDRESS	304 NATIONAL ST/PT MANATEE	
CITY-ST-ZIP	PALMETTO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TEMPLE, MARK	
STREET ADDRESS	475 N DOCK ST	
CITY-ST-ZIP	PALMETTO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STANSBERRY, DONNA	
STREET ADDRESS	P.O. BOX 338 NA	
CITY-ST-ZIP	BRADENTON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ALLIGOOD, CLAYTON O.	
STREET ADDRESS	804 NORTH DOCK STREET	
CITY-ST-ZIP	PALMETTO FL	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	EDENFIELD, L. EUGENE	
STREET ADDRESS	13250 EASTERN AVE	
CITY-ST-ZIP	PALMETTO FL	
TITLE	D	<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

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)