

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 14 AM 9:14

DOCUMENT # **N51353 (3)**  
1. Corporation Name  
**DISTRICT THIRTEEN, INC.**

Principal Place of Business Mailing Address  
**23300 HARPER AVENUE CHARLOTTE HARBOR FL 33980**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/19/1992** 3a. Date of Last Report **03/22/1994**  
4. FEI Number **65-0370029** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **3952 McCall Road** 25 **3952 McCall Road**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
23 **Englewood, FL 34224** 28 **Englewood, FL 34224**  
City & State City & State  
24 **34224** 25 **Charlotte** 29 **34224** 30 **Charlotte**  
Zip Country Zip Country

9. Name and Address of Current Registered Agent  
**PIZARRO, LINDA**  
**23300 HARPER AVENUE**  
**CHARLOTTE HARBOR FL 33980**

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>TRAVIS, RON</b>
STREET ADDRESS	<b>3007 MANATEE AVENUE, WEST</b>
CITY - ST - ZIP	<b>BRADENTON FL</b>
TITLE	<b>VD</b>
NAME	<b>FELCYN, GLORIA T.</b>
STREET ADDRESS	<b>700 W. VENICE AVE</b>
CITY - ST - ZIP	<b>VENICE FL</b>
TITLE	<b>ST</b>
NAME	<b>BRICKLEY, MARY KAY</b>
STREET ADDRESS	<b>2901 MANATEE AVE, WEST</b>
CITY - ST - ZIP	<b>BRADENTON FL</b>
TITLE	<b>D</b>
NAME	<b>HOGAN, CHIP R.</b>
STREET ADDRESS	<b>1950 LANDINGS BLVD., STE. 107</b>
CITY - ST - ZIP	<b>SARASOTA FL</b>
TITLE	<b>D</b>
NAME	<b>BACKER, TIMOTHY D.</b>
STREET ADDRESS	<b>10 S. DESOTO AVENUE, #201</b>
CITY - ST - ZIP	<b>ARCADIA FL</b>
TITLE	<b>D</b>
NAME	<b>COUPLAND, DAVID</b>
STREET ADDRESS	<b>3007 MANATEE AVENUE, WEST</b>
CITY - ST - ZIP	<b>BRADENTON FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Kenneth W. Baumhardt</b>
1.3 STREET ADDRESS	<b>3952 McCall Road</b>
1.4 CITY - ST - ZIP	<b>Englewood, FL 34224</b>
2.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>John Wisniewski</b>
2.3 STREET ADDRESS	<b>680 Substation Road</b>
2.4 CITY - ST - ZIP	<b>Venice, FL 34292</b>
3.1 TITLE	<b>ST</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Jan Brent</b>
3.3 STREET ADDRESS	<b>3952 McCall Road</b>
3.4 CITY - ST - ZIP	<b>Englewood, FL 34224</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Kim Gilliland</b>
4.3 STREET ADDRESS	<b>3590 So. Tuttle Avenue</b>
4.4 CITY - ST - ZIP	<b>Sarasota, FL 34277</b>
5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Geri Shayman</b>
5.3 STREET ADDRESS	<b>3320 Loveland Blvd.</b>
5.4 CITY - ST - ZIP	<b>Port Charlotte, FL 33980</b>
6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Ron Cornette</b>
6.3 STREET ADDRESS	<b>3007 Manatee Avenue, West</b>
6.4 CITY - ST - ZIP	<b>Bradenton, FL</b>

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kenneth W. Baumhardt, Pres. 4/7/95 813-4749347  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)