

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51353 (3)

1. Corporation Name

DISTRICT THIRTEEN, INC.



Principal Place of Business

Mailing Address

680 SUBSTATION RD.
VENICE FL 34282
US680 SUBSTATION RD.
VENICE FL 34282-1082
US3. Date Incorporated or Qualified
10/19/19923a. Date of Last Report
01/26/1996

2. Principal Place of Business

21 2901 Manatee Ave. W.

2a. Mailing Address

26 2901 Manatee Ave. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 Bradenton, FL

28 Bradenton, FL

Zip

Country

Zip

Country

24 34205

25 USA

29 34205

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARLENE S. MERKLE
680 SUBSTATION RD.
SARASOTA FL 34242

81 Name

Ron Cornette

82 Street Address (P.O. Box Number is Not Acceptable)

3915 Cortez Road W.

83

Bradenton, FL 34210

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1908, 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 617.0504, Florida Statutes.

SIGNATURE

Ron Cornette, 1997 V.P.

1-18-97

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	P	<input type="checkbox"/> DELETE
NAME	JOHN WISNIEWSKI	
STREET ADDRESS	680 SUBSTATION RD.	
CITY-ST-ZIP	VENICE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARLENE S. MERKLE	
STREET ADDRESS	680 SUBSTATION RD.	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RANDALL G. VAN VLAENDGREN	
STREET ADDRESS	680 SUBSTATION RD.	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TIM CROWLEY	
STREET ADDRESS	3950 S. TUTTLE AVE.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANDY FRENCH	
STREET ADDRESS	2901 MANATEE AVE. W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LINDA BISHOP-WILSON	
STREET ADDRESS	3320 LOVELAND BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ron Cornette	
1.3 STREET ADDRESS	3915 Cortez Road West	
1.4 CITY-ST-ZIP	Bradenton, FL 34210	
2.1 TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mary Kay Brickey	
2.3 STREET ADDRESS	2901 Manatee Ave. West	
2.4 CITY-ST-ZIP	Bradenton, FL 34205	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Paulette Gaar	
3.3 STREET ADDRESS	6302 Manatee Ave. West	
3.4 CITY-ST-ZIP	Bradenton, FL 34205	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Doris Edwards	
4.3 STREET ADDRESS	3800 S. Tamiami Trail	
4.4 CITY-ST-ZIP	Sarasota, FL 34239	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Cynthia Logan	
5.3 STREET ADDRESS	909B Kings Hwy	
5.4 CITY-ST-ZIP	Port Charlotte, FL 33980	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Tom Atchinson	
6.3 STREET ADDRESS	350 Indiana Ave. S.	
6.4 CITY-ST-ZIP	Englewood, FL 34223	

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: Mary Kay Brickey, Mary Kay Brickey, Sec/Tre 1-17-97 941-747-1818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0084592

CR2E037 (9/96)

WAUCHULA

President

**James Stallings
P.O. Box 1865
Wauchula FL 33873**

VENICE

**Timothy Tritschler
479 S. Tamiami Trail
Nokomis Fl 34275**

SARASOTA

**Doris Edwards
3800 S. Tamiami Trail
Sarasota Fl 34239**

PUNTA GORDA

**Cynthia Logan
909-B Kings Hwy.
Port Charlotte Fl 33980**

ENGLEWOOD

**Tom Atchinson
350 Indiana Ave.S.
Englewood Fl 34223**

DeSoto

**Wayne K. Mackey
210 W. Magnolia Street
IsnCanon Laser PrinterArcadia Fl 34266**