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**Mar 24 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA 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  
**2901 MANATEE AVE W BRADENTON FL 34205 US**      **2901 MANATEE AVE W BRADENTON FL 34205 US**

3. Date Incorporated or Qualified  
**10/19/1992**  
 4. FEI Number **65-0370029** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
 21 **3590 S. Tuttle Avenue** 22 Suite, Apt. #, etc.  
 23 **Sarasota, FL 34239** 24 Zip 25 Country  
 26 **3590 S. Tuttle Avenue** 27 Suite, Apt. #, etc.  
 28 **Sarasota, FL 34239** 29 Zip 30 Country

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  
**CORNETTE, RON**  
**3915 CORTEZ ROAD W**  
**BRADENTON FL 34210**

10. Name and Address of New Registered Agent  
 81 Name **Timothy M. Crowley**  
 82 Street Address (P.O. Box Number is Not Acceptable) **2000 Webber Street**  
 83  
 84 City **Sarasota** 85 Zip Code **FL 34239**

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 \_\_\_\_\_ DATE **3-16-98**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CORNETTE, RON</b>	
STREET ADDRESS	<b>3915 CORTEZ ROAD WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>BRICKET, MARY KAY</b>	
STREET ADDRESS	<b>2901 MANATEE AVE W</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GAAR, PAULETTE</b>	
STREET ADDRESS	<b>6302 MANATEE AVE W</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>EDWARDS, DORIS</b>	
STREET ADDRESS	<b>3800 S TAMIANI TRAIL</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LOGAN, CYNTHIA</b>	
STREET ADDRESS	<b>909B KINGS HIGHWAY</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ATCHINSON, TOM</b>	
STREET ADDRESS	<b>350 INDIANA AVE S</b>	
CITY-ST-ZIP	<b>ENGELWOOD FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Crowley, Timothy M.</b>	
1.3 STREET ADDRESS	<b>2000 Webber Street</b>	
1.4 CITY-ST-ZIP	<b>Sarasota, FL 34239</b>	
2.1 TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Guiberson, Ann</b>	
2.3 STREET ADDRESS	<b>3590 S. Tuttle Avenue</b>	
2.4 CITY-ST-ZIP	<b>Sarasota, FL 34239</b>	
3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Vac, Andrew W.</b>	
3.3 STREET ADDRESS	<b>440 Gulf of Mexico Drive</b>	
3.4 CITY-ST-ZIP	<b>Longboat Key, FL 34228</b>	
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Wayne Markey</b>	
4.3 STREET ADDRESS	<b>1332B East Oak Street</b>	
4.4 CITY-ST-ZIP	<b>Arcadia, FL 34266</b>	
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Roger Stillman</b>	
5.3 STREET ADDRESS	<b>648 Indiana Avenue</b>	
5.4 CITY-ST-ZIP	<b>Englewood, FL 34223</b>	
6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Robert Grant, Jr.</b>	
6.3 STREET ADDRESS	<b>3014 Manatee Avenue West</b>	
6.4 CITY-ST-ZIP	<b>Bradenton, FL 34205</b>	

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 \_\_\_\_\_ DATE **3-16-98**

CR2E037 (10/97)

**ATTACHMENT TO CORPORATION ANNUAL REPORT FOR 1998**

**13. Names and Street Address of Each Officer and Director**

**DISTRICT THIRTEEN, INC.**

D	Depenbrock , Carolyn	P. O. Box 2227	Port Charlotte, FL 33949
D	Nelson, John	490 Rockley Boulevard	Venice, FL 34293
D	See, James, Jr.	P. O. Box 1149	Wauchula, FL 33973