


FILE NOW: FILING FEE IS \$61.25

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May 24, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
			
DOCUMENT # N51353			
1. Corporation Name DISTRICT THIRTEEN, INC.			
Principal Place of Business 3590 S TUTTLE AVE SARASOTA FL 34239 US		Mailing Address 3590 S TUTTLE AVE SARASOTA FL 34239 US	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3320 Loveland Blvd Suite, Apt. #, etc.		26 3320 Loveland Blvd Suite, Apt. #, etc.		10/19/1992	
22 City & State Port Charlotte, FL		27 City & State Port Charlotte, FL		4. FEI Number 65-0370029	
23 Zip Country 33980 Charlotte		29 Zip Country 33980 Charlotte		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33980		25 Charlotte		30 33980 Charlotte	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CROWLEY, RIMOTHY M 2000 WEBBER ST. SARASOTA FL 34239				81 Name Bishop-Wilson, Linda			
				82 Street Address (P.O. Box Number is Not Acceptable) 4301 Sibley Bay St.			
				83			
				84 City Port Charlotte			

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 *Linda Bishop-Wilson* Linda Bishop-Wilson 3-15-99 DATE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWLEY, TIMOTHY M	1.2 NAME	Bishop-Wilson, Linda
STREET ADDRESS	2000 WEBBER ST	1.3 STREET ADDRESS	4301 Sibley Bay St.
CITY-ST-ZIP	SARASOTA FL 34239	1.4 CITY-ST-ZIP	Port Charlotte, FL 33980
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIBERSON, ANN	2.2 NAME	Pizarro, Linda
STREET ADDRESS	3590 S TUTTLE AVE	2.3 STREET ADDRESS	3320 Loveland Blvd
CITY-ST-ZIP	SARASOTA FL 34239	2.4 CITY-ST-ZIP	Port Charlotte, FL 33980
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAC, ANDREW W	3.2 NAME	White, Norm
STREET ADDRESS	440 GULF OF MEXICO DR	3.3 STREET ADDRESS	2369 Risken Ter
CITY-ST-ZIP	LONGBOAT KEY FL 34228	3.4 CITY-ST-ZIP	Port Charlotte, FL 33981
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKEY, WAYNE	4.2 NAME	MacWilliams, Judy
STREET ADDRESS	1332B E OAK ST	4.3 STREET ADDRESS	3265 D Tamiami Tr.
CITY-ST-ZIP	ARCADIA FL 34266	4.4 CITY-ST-ZIP	Port Charlotte, FL 33952
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILLMAN, ROGER	5.2 NAME	Shayman, Geri
STREET ADDRESS	648 INDIANA AVE	5.3 STREET ADDRESS	1931 Tamiami Tr.
CITY-ST-ZIP	ENGLEWOOD FL 34223	5.4 CITY-ST-ZIP	Port Charlotte, FL 33948
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, JR R	6.2 NAME	Gonsalves, Jeannine
STREET ADDRESS	3014 MANATEE AVE W	6.3 STREET ADDRESS	4410-A Tamiami Tr.
CITY-ST-ZIP	BRADENTON FL 34205	6.4 CITY-ST-ZIP	Charlotte Harbor, FL 33980

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)