

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90108 032 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000000218

1. Corporation Name

MANATEE STRIKERS, INC.

Principal Place of Business

10317 BALTUSROL PLACE
BRADENTON FL 34202

Mailing Address

10317 BALTUSROL PLACE
BRADENTON FL 34202

2. Principal Place of Business 21 2815 61st E	2a. Mailing Address 26 2815 61st E	3. Date Incorporated or Qualified 01/15/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0822606
22	27	Applied For ☒ Not Applicable
City & State 23 Palmetto, FL	City & State 28 Palmetto, FL	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
Zip 24 34221	Country 25 Manatee	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
29 34221	30 Manatee	

8. Name and Address of Current Registered Agent

CAHILL, KATHERINE C
10317 BALTUSROL PLACE
BRADENTON FL 34202

10. Name and Address of New Registered Agent

81 Name	Hamilton, Gary D.
82 Street Address (P.O. Box Number is Not Acceptable)	2815 61st St E.
83	Palmetto, FL.
84 City	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

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

2/26/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/D	D	1.1 TITLE V/D	Vice President
NAME	HAMILTON, GARY DEAN	1.2 NAME	William Jay Robinson
STREET ADDRESS	2815 61ST STREET EAST	1.3 STREET ADDRESS	1015 85th Ct. Northwest
CITY-ST-ZIP	PALMETTO FL 34221	1.4 CITY-ST-ZIP	Bradenton, FL. 34209
TITLE	D	2.1 TITLE D	Officer
NAME	CAHILL, KATHERINE C	2.2 NAME	William Furman Jones, Jr.
STREET ADDRESS	10317 BALTUSROL PLACE	2.3 STREET ADDRESS	4120 5th Ave West
CITY-ST-ZIP	BRADENTON FL 34202	2.4 CITY-ST-ZIP	Palmetto, FL. 34221
TITLE	D	3.1 TITLE D	Officer
NAME	O'NEAL, DONNA LYNN	3.2 NAME	Michael L. Witt
STREET ADDRESS	3113 6TH AVE WEST	3.3 STREET ADDRESS	5305 28th Ave. E
CITY-ST-ZIP	PALMETTO FL 34221	3.4 CITY-ST-ZIP	Palmetto, FL 34221
TITLE		4.1 TITLE S	Secretary
NAME		4.2 NAME	Jean E. Hamilton
STREET ADDRESS		4.3 STREET ADDRESS	2815 61st St E.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Palmetto FL. 34221
TITLE		5.1 TITLE T	Treasurer
NAME		5.2 NAME	Shelley K. Eisner
STREET ADDRESS		5.3 STREET ADDRESS	4116 4th Ave Northeast
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Bradenton, FL. 34205
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Gary D. Hamilton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary D. Hamilton

2/26/99

Date

941-722-5426

Daytime Phone #

CR2E037 (1/198)