

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90038 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000062503

1. Corporation Name
PALMS OF MANASOTA, INC.

Principal Place of Business
220 49TH STREET E. 26 49 CT E
PALMETTO FL 34221

Mailing Address
220 49TH STREET E.
PALMETTO FL 34221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1993

4. FEI Number

65-0484340

Applied For

Not Applicable

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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **126 49 CT E**

Suite, Apt. #, etc.

2a. Mailing Address

26 **←**

Suite, Apt. #, etc.

City & State

FL.

City & State

23 **PALMETTO MANASOTA**28 **←**

Zip

Country

29 **←**24 **34221**25 **←**30 **←**

9. Name and Address of Current Registered Agent

LAING, WILLIAM J
220 49TH STREET E.
PALMETTO FL 34221

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
 NAME **LAING, WILLIAM J**
 STREET ADDRESS **220 49TH STREET E. 136 49 CT E**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **FATHER** ☐ Change ☒ Addition
 1.2 NAME **JOHN DORA**
 1.3 STREET ADDRESS **132 49 CIRCLE E** **BOARD**
 1.4 CITY-ST-ZIP **PALMETTO, FL. 34221** **MEMBER**

2.1 TITLE **MR** ☐ Change ☒ Addition
 2.2 NAME **BRUCE VIER** **BOARD**
 2.3 STREET ADDRESS **211 49 CIRCLE E** **MEMBER**
 2.4 CITY-ST-ZIP **PALMETTO FL 34221**

3.1 TITLE **MRS** ☐ Change ☒ Addition
 3.2 NAME **MARY LYNN** **BOARD**
 3.3 STREET ADDRESS **110 49 CT E.** **MEMBER**
 3.4 CITY-ST-ZIP **PALMETTO FL. 34221**

4.1 TITLE **MS** ☐ Change ☒ Addition
 4.2 NAME **RUTH SEQUART** **BOARD**
 4.3 STREET ADDRESS **2550 PENQUIN LANE** **MEMBER**
 4.4 CITY-ST-ZIP **ENGLEWOOD, FL. 34224**

5.1 TITLE **MS** ☐ Change ☐ Addition
 5.2 NAME **TAMARA LILLY** **BOARD**
 5.3 STREET ADDRESS **1700 3rd Ave** **MEMBER**
 5.4 CITY-ST-ZIP **DANDENTON, FL. 34205**

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME **All above Board members**
 6.3 STREET ADDRESS
 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 607, 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: William J. Laing
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)