FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000076258 (1)**

1. Corporation Name

D&D MANASOTA PROPERTIES, INC.

Principal Place of Business

9421 KINGSTON DRIVE
BRADENTON FL 34210

Mailing Address

9421 KINGSTON DRIVE
BRADENTON FL 34210

3. Date Incorporated or Qualified: 10/28/1993

3a. Date of Last Report: 07/06/1995

4. FEI Number: 65-0450350 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip 24 — Country 25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip 29 — Country 30

9. Name and Address of Current Registered Agent

MOSER, ROSALIE M
9421 KINGSTON DRIVE
BRADENTON FL 34210

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 Section 607.0505(2) or 617.0505(2), Florida Statutes, the above named entity 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

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	DENARO, BIAGIO	
STREET ADDRESS	9421 KINGSTON DR.	
CITY, ST, ZIP	BRADENTON FL	
TITLE	V	☐ DELETE
NAME	MOSER, ROSALIE M.	
STREET ADDRESS	9421 KINGSTON DR.	
CITY, ST, ZIP	BRADENTON FL 34210	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
2. TITLE	☒ Change ☐ Addition
2. NAME	DeSalvo-Moser, Rosalie M.
3. STREET ADDRESS	
4. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report, if any, is true and complete, to the extent required by Section 119.07(5)(k), Florida Statutes. I further certify that the information indicated on the annual report form to be supplied with this annual report is true and complete 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 trustee or trustee employee of the corporate trustee of record as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is added as an officer or director.

SIGNATURE: Rosalie DeSalvo-Moser — 4-4-96 — (941) 795-4484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE

Rosalie DeSalvo-Moser

CR2E034 (12/95)