FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

Principal Place of Business

5517 21ST AVE. WEST

SUITE H

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P93000087386 (7)	
MANATEE TRAILER	PARK, INC.	

Mailing Address

SUITE H

5517 21ST AVE. WEST

BRADENTON FL 34209			BRADENTON FL 34209	9		•	3. Date incorporated or Qua 12/22/1993	ified				
Principal Place of Busin	ness	2a.	Mailing Address			····	4. FEI Number		1		Applied For	
		26					65-0476705			<u> </u>	Not Applicable	
Suite, Apt. #, etc.		27	Suite, Apt. #, etc				5. Certificate of Status Desire	∌d		\$8.75 Additional Fee Required		
City & State		28	City & State B			6. Election Campaign Finance Trust Fund Contribution	ing	\$5.00 May Be Added to Fees				
,	25	29	2 _(p)	Соил 30	itry					x under	rs 199.032,	
9. Name	e and Address of Curr	ent Regis	tered Agent				10. Name and Address of N	lew R	egistered A	gent		
5517 21ST AVE. SUITE H	WEST			1	B2 B3		ss (P.O. Box Number is Not Acc	eptabl	e) FL	85	Zıp Code	
	Principal Place of Busi Suite, Apt. #, etc City & State 7(p) 9. Nam RICKERT, WAYN 5517 21ST AVE. SUITE H	Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 25 9. Name and Address of Curr. RICKERT, WAYNE C 5517 21ST AVE. WEST	Principal Place of Business 2a Suite, Apt. #, etc City & State Zip Country 25 9. Name and Address of Current Regis RICKERT, WAYNE C 5517 21ST AVE. WEST SUITE H	Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc Suite, Apt. #, etc 27 City & State City & State City & State Zip 28 RICKERT, WAYNE C 5517 21ST AVE. WEST SUITE H	Principal Place of Business 2a. Mailing Address 26	Principal Place of Business 2a. Mailing Address 26	Principal Place of Business 2a. Mailing Address 26	Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing Addre	Principal Place of Business 2a. Mailing Address 2b. Wailing Address 2c. Mailing Addre	Principal Place of Business 2a. Mailing Address 2b. Apt. #, etc. 2a. Mailing Address 2b. Apt. #, etc. 2a. Mailing Address 2b. Apt. #, etc. 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. City & State 2c. City & State 2c. City & State 2c. Country	Principal Place of Business 2a. Mailing Address 2b. Let Apt. #, etc 2c. Suite, Apt. #, etc 2c. Suite incorporated or Qualified 12/19/20/20/20/20/20/20/20/20/20/20/20/20/20/	

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 .								
12.	is partine, type is or princed no accol registered agout and title flago OFFICERS AND DIRECTO		Registered Agent signature require 13.	DATE				
TILLE	D OFFICERS AND DIRECTO	DELETE		ADDITIONS/CHANGES TO OFFIC	O OFFICERS AND DIRECTORS IN			
NAMe	RICKERT, WAYNE C	[] been	1. 1 TrillE	•	☐ Change	Addition		
	5517 21ST AVE. WEST, SUITE H		1.2 NAME					
STREET ADDRESS	BRADENTON FL 34209		1.3 STREET ADDRESS					
CITY ST ZIP	D D D D D D D D D D D D D D D D D D D	E3 05:11	1.4 C(1) Y - \$1 - Z(P					
TIFLE	•	DELETE	2 1 TITLE		Change	Addition		
NAME	VANDERNOORD, HARRY		2.2 NAME					
STHEET ADDRESS	%1001-B RIVERSIDE DR.		2.3 STREET ADDRESS					
CICY S1-ZIP	PALMETTO FL 34221		2.4 CITY - ST - ZIP					
THELE		DELETE	3 1 TITLE		☐ Change	☐ Addition		
NAMI			3 2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CIY-SI ZP			3 4 CHY-ST-ZIP					
TILF	- ··	DELETE	4. 1 TITLE		☐ Change	☐ Addition		
N4M)			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
O(1Y) \$1 - Z(P)			4.4 City - St - ZiP					
TILLE		☐ DELETE	5 1 TITLE		☐ Change	☐ Addition		
NAME			5 2 NAME					
S'REET ADDRESS			5.3 STREET ADDRESS					
CITY - ST - ZIP			5 4 CITY - ST - 7IP					
111,£		☐ DELETE	6 1 TITLE		☐ Change	☐ Addition		
NAME			6.2 NAME					
STREET ADDRESS			6 3 STREET ADDRESS					
CITY-ST ZIP			64 CITY-ST-ZIP					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 out; that I am an officer or director of the convoration 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 in Block 13 if changed, or or in attechment with an address.

SIGNATURE:

WAYNE C. RICKERT

941-795 -2261

Date