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

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:23

DOCUMENT # **P94000006310 (4)**

1. Corporation Name
**MANASOTA HERPETOLOGICAL SOCIETY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 448 BEARDED OAKS DR.<br>SARASOTA FL 34232 | 448 BEARDED OAKS DR.<br>SARASOTA FL 34232 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/18/1994
3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 2927 NODOSA DR. | 26 2927 NODOSA DR. |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 SARASOTA, FLORIDA | City & State 28 SARASOTA, FLORIDA |
| Zip 24 34232 Country 25 USA | Zip 29 34232 Country 30 USA |

4. FEI Number: 65-0649337 ☐ 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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| HARVEY, RICHARD M SR<br>448 BEARDED OAKS DR.<br>SARASOTA FL 34232 | 81 Name: KUCHCICKI, KEVIN<br>82 Street Address (P.O. Box Number is Not Acceptable): 2927 NODOSA DR.<br>83<br>84 City: SARASOTA FL 85 Zip Code: 34232 |

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: Kevin Kuchcicki KEVIN KUCHCICKI, PRESIDENT. 2/16/95.
(If changing registered agent, type or print name of registered agent and the 2 signatures) (NOTE: Registered Agent signature required when changing) (DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | DP | 11 TITLE | DP | ☑ Change ☐ Addition |
| NAME | HARVEY, RICHARD M SR | 12 NAME | KUCHCICKI, KEVIN | |
| STREET ADDRESS | 448 BEARDED OAK CR. | 13 STREET ADDRESS | 2927 NODOSA DR | |
| CITY-ST-ZIP | SARASOTA FL 34232 | 14 CITY-ST-ZIP | SARASOTA, FL 34232 | |
| TITLE | DV | 21 TITLE | DV | ☑ Change ☐ Addition |
| NAME | KOCHICKI, KEVIN | 22 NAME | ABBOTT, LEE | |
| STREET ADDRESS | C/O 448 BEARDED OAK CR. | 23 STREET ADDRESS | 2588 LOMA LINDA ST. | |
| CITY-ST-ZIP | SARASOTA FL 34232 | 24 CITY-ST-ZIP | SARASOTA, FL 34239 | |
| TITLE | DST | 31 TITLE | DS | ☑ Change ☐ Addition |
| NAME | HARVEY, BARBARA | 32 NAME | McADOO, STEVE | |
| STREET ADDRESS | 448 BEARDED OAKS DR. | 33 STREET ADDRESS | 4845 CAHUS ST. | |
| CITY-ST-ZIP | SARASOTA FL 34232 | 34 CITY-ST-ZIP | SARASOTA, FL 34232 | |
| TITLE | | 41 TITLE | DT. | ☐ Change ☑ Addition |
| NAME | | 42 NAME | GARDNER, SYLVIA | |
| STREET ADDRESS | | 43 STREET ADDRESS | 309 NIALS RD. | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | NOKOMIS, FL 34275 | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

14. I (We) 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)(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.

**SIGNATURE:** Kevin Kuchcicki KEVIN KUCHCICKI 2/16/95. (813)-488-8882
SIGNATURE AND IF FILED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)

0330026 CP