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May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # P94000063 10

1. Corporation Name

MANASOTA HERPETOLOGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
309 HILLS ROAD NOKOMIS, FL 34275	309 HILLS ROAD NOKOMIS, FL 34275

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1/18/94

2. Principal Place of Business	2a. Mailing Address
21 309 HILLS RD	26 309 HILLS RD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: NOKOMIS, FL	28 City & State: NOKOMIS FL
24 Zip: 34275 25 Country: SARASOTA	29 Zip: 34275 30 Country: SARASOTA

4. FEI Number: 65-0549337 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KUCHCICKI, KEVIN 2927 NODOSA DR SARASOTA, FL 34232	81 Name: SYLVIA GARDNER 82 Street Address (P.O. Box Number is Not Acceptable): 309 HILLS ROAD 83 84 City: NOKOMIS **FL** 85 Zip Code: 34276

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: Sylvia Gardner D.T. DATE: 4/26/98
Signature of, or typed or printed name of individual who signed above (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP JOHN J. SCHMITT 3408 69TH ST. WEST BRADENTON, FL 34209	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DV MIKE GREATHOUSE 8034 56TH CT. EAST PALMETTO, FL 34221	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DS TIM THOMAS 791 MOHAWK RD VENICE, FL 34293	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SYLVIA GARDNER 309 HILLS ROAD NOKOMIS, FL 34275	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DT	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	35 5.5	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	400002511744 -05/05/98--01121--026 ***150.00	☐ Change ☐ Addition

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.

SIGNATURE: Sylvia Gardner D.T. 4/26/98 (941) 484-3704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)