

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000011658 (9)

1. Corporation Name

MANATEE EXPRESS, INC

Principal Place of Business

820 31ST ST E
PALMETTO FL 34221

Mailing Address

820 31ST ST E
PALMETTO FL 34221

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/08/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCDOWELL, DARLENE W
820 31ST ST E
PALMETTO FL 34221

10. Name and Address of New Registered Agent

81 Name

MAMIE A. WALLACE

82 Street Address (P.O. Box Number is Not Acceptable)

820 31st St E

83

84 City

PALMETTO

FL

85 Zip Code

34221

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

Mamie A. Wallace s/r/d

April 25, 1995

(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
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
WALLACE, ELIHU
820 31ST ST E
PALMETTO FL 34221

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CD
WALLACE, MICHAEL D
820 31ST ST E
PALMETTO FL 34221

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
WALLACE, MAMIE D
820 31ST ST E
PALMETTO FL 34221

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VTD
WALLACE, KAY L
820 31ST ST E
PALMETTO FL 34221

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SDD
MCDOWELL, DARLENE W
820 31ST ST E
PALMETTO FL 34221

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
MCKINNEY, BRODERICK K
820 31ST ST E
PALMETTO FL 34221

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☒ Change ☐ Addition

S/T/D
MAMIE A. WALLACE
820 31st St. E
PALMETTO, FL 34221

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☒ Change ☐ Addition

DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☒ Change ☐ Addition

V/D
DARLENE W ROE
820 31st St E
PALMETTO, FL 34221

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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 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:

Mamie A. Wallace Mamie A. Wallace s/r/d 4/25/95 813-722-1254

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone