

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 # **P94000080434 (1)**

1. Corporation Name

KRIZMANICH MANATEE HOLDINGS, INC.



Principal Place of Business

Mailing Address

**5801 ULMERTON RD
SUITE 200
CLEARWATER FL 34620**

**5801 ULMERTON RD
SUITE 200
CLEARWATER FL 34620**

3. Date Incorporated or Qualified
11/01/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 | **21649 U.S. Highway 19 N.**

26 | **21649 U.S. Highway 19 N.**

4. FEI Number

59-3275249

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

22 |

27 |

23 | **Clearwater, FL**

28 | **Clearwater, FL**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24 | **34625**

Country

Pinellas

29 | **34625**

Country

Pinellas

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

**COHR, DENIS A
800 SECOND AVE SOUTH
SUITE 380
ST PETERSBURG FL 33701**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D KRIZMANICH, MICHAEL G**
STREET ADDRESS **5801 ULMERTON RD SUITE 200**
CITY- ST- ZIP **CLEARWATER FL 34620**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 | TITLE ☐ Change ☐ Addition

12 | NAME

13 | STREET ADDRESS

14 | CITY- ST- ZIP

2 | TITLE ☐ Change ☐ Addition

22 | NAME

23 | STREET ADDRESS

24 | CITY- ST- ZIP

3 | TITLE ☐ Change ☐ Addition

32 | NAME

33 | STREET ADDRESS

34 | CITY- ST- ZIP

4 | TITLE ☐ Change ☐ Addition

42 | NAME

43 | STREET ADDRESS

44 | CITY- ST- ZIP

5 | TITLE ☐ Change ☐ Addition

52 | NAME

53 | STREET ADDRESS

54 | CITY- ST- ZIP

6 | TITLE ☐ Change ☐ Addition

62 | NAME

63 | STREET ADDRESS

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96

Date

813-797-0032

Daytime Phone #

CR2E034 (12/95)