

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 09 1998 8:00am
Secretary of State

| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **P94000080434 (1)**

1. Corporation Name

KRIZMANICH MANATEE HOLDINGS, INC.



Principal Place of Business

Mailing Address

**21649 US HIGHWAY 19 N
SUITE 200
CLEARWATER FL 34625
US**

**21649 US HIGHWAY 19 N
SUITE 200
CLEARWATER FL 34625
US**

DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|-----------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 5801 Ulmerton Road | 26 5801 Ulmerton Rd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 Ste. # 203 | 27 Ste. # 203 |
| City & State | City & State |
| 23 Clearwater FL | 28 Clearwater FL |
| Zip | Zip |
| 24 33760 | 29 33760 |
| Country | Country |
| 25 Pinellas | 30 Pinellas |

3. Date Incorporated or Qualified

11/01/1994

4. FEI Number

59-3275249

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

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

10. Name and Address of New Registered Agent

81 Name **Michael G. Krizmanich**
82 Street Address (P.O. Box Number is Not Acceptable)
5801 Ulmerton Rd. Ste. #203
83
84 City **Clearwater** FL 85 Zip Code **33760**

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

3-2-98

| | | | |
|----------------------------|--|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KRIZMANICH, MICHAEL G | 1.2 NAME | |
| STREET ADDRESS | 5801 ULMERTON RD SUITE 200 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL 34620 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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

[Signature]

3-2-98 (P) 31-2223

CR2E034 (10/97)