

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # **P94000083895 (0)**

1. Corporation Name

MANATEE ECLECTABLES, INC.



Principal Place of Business

Mailing Address

P.O. BOX 19962
7440 SOUTH CASS CIR.
SARASOTA FL 34231
US

P.O. BOX 19962
SARASOTA FL 34276-2962

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

MORAN, MICHAEL
1800 2ND ST.
SUITE 850
SARASOTA FL 34236

3. Date Incorporated or Qualified

3a. Date of Last Report

11/14/1994

05/22/1995

4. FCI Number

65-0553113

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

10. Name and Address of New Registered Agent

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 607.07(1)(2) and 607.15(5), 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 607.09(5), Florida Statutes.

SIGNATURE

Signature of the person who is authorized to make this statement

Signature of the person who is authorized to make this statement

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	DPS	☐ DELETE
2. NAME	DICROSTA, MARY C	
3. STREET ADDRESS	7440 S. CASS CIRCLE	
4. CITY, ST, ZIP	SARASOTA FL 34231-7034	
5. TITLE	DVS	☐ DELETE
6. NAME	BARTELL, PHILIP B	
7. STREET ADDRESS	5058 BRADENTON RD.	
8. CITY, ST, ZIP	SARASOTA FL 34234	
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. 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 registered 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: *Mary C Dicrosta* president 2/22/96 941-923-3957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)