

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000065872 (0)

1. Corporation Name

MANATEE COTTAGE INC.



Principal Place of Business

Mailing Address

~~MANATEE COTTAGE INC.~~
~~ORANGE PARK FL 32073~~

~~MANATEE COTTAGE INC.~~
~~ORANGE PARK FL 32073~~

2. Principal Place of Business

21 152 Lake Como Drive

Suite, Apt. #, etc.

22

City & State

23 Pomona Park, FL

Zip

24 32181

Country

25 USA

2a. Mailing Address

26 P.O. Box 787

Suite, Apt. #, etc.

27

City & State

28 Pomona Park, FL

Zip

29 32181

Country

30 USA

3. Date Incorporated or Qualified

08/25/1995

3a. Date of Last Report

4. FEI Number

APPLIED FOR

☒

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

9. Name and Address of Current Registered Agent

KING, DAVID A ESQ
1416 KINGSLEY AVE.
ORANGE PARK FL 32073

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 607.0502 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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
	D	ORAVEC, JEANNE M	152 LAKE COMO DRIVE	
		POMONA PARK FL	32181	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE

13.

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	☒ Change ☐ Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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: *Jeanne M. Oravec*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jeanne M. Oravec, President

4-12-96

904

649-4227

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