

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

FILED
Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000077338 (7)**

1. Corporation Name

MANATEE CRETETATIONS & MORE, INC.

Principal Place of Business

Mailing Address

% EDWARD M. LIVINGSTON, ESQ.
P.O. BOX 1599
WINTER PARK FL 32790

% EDWARD M. LIVINGSTON, ESQ.
P.O. BOX 1599
WINTER PARK FL 32790-1599



3. Date Incorporated or Qualified **09/17/1996** 3a. Date of Last Report

4. FEI Number **39-3402904** 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

2. Principal Place of Business	2a. Mailing Address
21 3570 Turtle Mound Rd.	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Melbourne, FL	28
Zip	Zip
24 32934	29
Country	Country
25 USA	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIVINGSTON, EDWARD M
628 ELLEN DRIVE
WINTER PARK FL 32790**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, SUSAN D	1.2 NAME	Baker, Susan D.
STREET ADDRESS	2696 GRANADA BAY DRIVE	1.3 STREET ADDRESS	2696 Granada Bay Dr.
CITY - ST - ZIP	MELBOURNE FL 32934	1.4 CITY - ST - ZIP	Melbourne, FL 32934
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Baker, Donna M.
STREET ADDRESS		2.3 STREET ADDRESS	2696 Granada Bay Dr.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Melbourne, FL 32934
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Baker, Dorothy G.
STREET ADDRESS		3.3 STREET ADDRESS	3560 Turtle Mound Rd.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Melbourne, FL 32934
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 do 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:

Susan D Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan D Baker (Director) 4-11-97 253-0763
Date Daytime Phone #

CR2E034 (9/96)