

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90092 036 ***150.00

DOCUMENT # P97000105943

1. Corporation Name

ALCO PROPERTIES OF MANATEE, INC.

Principal Place of Business

P.O. BOX 400
BRADENTON FL 34206

Mailing Address

P.O. BOX 400
BRADENTON FL 34206



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1997

4. FEI Number

65-0801243

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

5410 14 St. W.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34207

Country

man.

2a. Mailing Address

5410 14th St. W.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34207

Country

man.

9. Name and Address of Current Registered Agent

COPEMAN, CRAIG A.
5410 14TH STREET WEST
BRADENTON FL 34207

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME COPEMAN, CRAIG A
STREET ADDRESS 5410 14TH STREET WEST
CITY-ST-ZIP BRADENTON FL 34207 ☐ DELETE

TITLE D
NAME COPEMAN, ALVA
STREET ADDRESS 5410 14TH STREET WEST
CITY-ST-ZIP BRADENTON FL 34207 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V.P.
1.2 NAME Brian Hollifield ☐ Change ☒ Addition
1.3 STREET ADDRESS 5410 14th St. W.
1.4 CITY-ST-ZIP Bradenton, FL 34207

2.1 TITLE S/T - O
2.2 NAME Nancy Copeman ☐ Change ☒ Addition
2.3 STREET ADDRESS 5410 14th St. W.
2.4 CITY-ST-ZIP Bradenton, FL 34207

3.1 TITLE P - O
3.2 NAME Craig Copeman ☐ Change ☒ Addition
3.3 STREET ADDRESS 5410 14th St. W.
3.4 CITY-ST-ZIP Bradenton, FL 34207

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)