

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

FILED

May 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S17706** (0)

1. Corporation Name

**ENCLOSURE SYSTEMS OF MANATEE, INC.**

Principal Place of Business

**6105 31ST ST E.  
BRADENTON FL 34203**

Mailing Address

**6105 31ST ST. EAST  
BRADENTON FL 34203-5316  
US**



3. Date Incorporated or Qualified

**12/07/1990**

3a. Date of Last Report

**01/31/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, 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

10. Name and Address of New Registered Agent

**MARTIN, GARY  
5702 18TH ST W.  
BRADENTON FL 34207**

81 Name

**RICHARD STOHLMAN**

82 Street Address (P.O. Box Number is Not Acceptable)

**6105 31ST STREET EAST**

83

84 City

**BRADENTON**

FL

85 Zip Code

**34203**

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

*Richard Stohlman*

**RICHARD STOHLMAN**

**4.16.97**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARTIN, GARY</b>	
STREET ADDRESS	<b>5702 18TH ST. W.</b>	
CITY - ST - ZIP	<b>BRADENTON FL</b>	

1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Richard Stohlman</b>	
1.3 STREET ADDRESS	<b>6105 31ST STREET EAST</b>	
1.4 CITY - ST - ZIP	<b>BRADENTON FL 34203</b>	

TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARTIN, GARY</b>	
STREET ADDRESS	<b>5702 18TH ST W.</b>	
CITY - ST - ZIP	<b>BRADENTON FL 34207</b>	

2.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>RICHARD STOHLMAN</b>	
2.3 STREET ADDRESS	<b>6105 31ST STREET EAST</b>	
2.4 CITY - ST - ZIP	<b>BRADENTON FL 34203</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

*Richard Stohlman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.16.97**

**941-755-6433**

Date

Daytime Phone #

0418996

CR2E034 (9/96)