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Secretary of State

03-11-1999 90027 015 ***150.00

A CONSTRUCT AND LOUIS DATAL ORBIT COLER BURY DATAL CLARK HISTOR FOR PLUIS 1988 1987 1987

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

DOCUMENT # P95000041723

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

4802 64TH DRIVE WEST **BRADENTON FL 34210**

BURGHARDT, PHILLIP L

4712 64TH DRIVE WEST

BRADENTON FL 34210

DOWNS, THOMAS S

2015 79TH ST. N.W.

HOWZE, THOMAS A

1620 99TH ST. N.W.

BRADENTON FL 34209

COMMUNITY BANK OF MANATEE

| Principal Pla | ice of Business | Mailing Address | | | f 1981/10#; 119 19/64 Bitti Batti Abiti | | |
|--|--|---|----------------|---------------|---|--|--|
| 6000 SR 70 E | AST | 6000 SR 70 EAST | | | | | |
| BRADENTON | | BRADENTON FL 34203 | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | | |
| | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | 05/26/1995 | | |
| 2. Principal | Place of Business | 2a. Mailing Address | | | 4. FEI Number Applied For | | |
| 21 | | 26 | | | 59-3324560 Not Applica \$8.75 Additiona | | |
| Suite, Ap | t. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired Fee Required | | |
| 22 | | 27 | | | | | |
| City & Sta | ate | City & State | | | 6. Election Campaign Financing \$5.00 May Be | | |
| 23 | | 28 | Ct | | Trust Fund Contribution Added to Fees | | |
| Zip | Country | Zip | _ Country ¬ | | 8. This corporation owes the current year Intangible Personal Property Tax Yes No | | |
| 24 | 25 | 29 3 | 0 | | Personal Property Tax. LYes LNo 10. Name and Address of New Registered Agent | | |
| Name and Address of Current Registered Agent | | | 81 | Name | · · · · · · · · · · · · · · · · · · · | | |
| co | OK, MARTHA J., P.A. | | *' | Taine | | | |
| 100 N. TAMPA STREET | | | 82 | Street | ess (P.O. Box Number is Not Acceptable) | | |
| | | | 25 | | | | |
| SUITE 2100 . TAMPA FL 33602 | | | 83 | | | | |
| IAI | MPA PL 33002 | | 84 | City | 85 Zip Code | | |
| | | | | | FL S Z F C C FL S FL | | |
| office or | nt to the provisions of Sections 607.05 r registered agent, or both, in the State am familiar with, and accept the oblig | e of Florida. Such change was auti | norized by | the corpo | corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered | | |
| SIGNATURE | E | | | | | | |
| | Signature, typed or printed name of registered ag | , | | t signature r | required when reinstating) DATE DATE | | |
| 12. | | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 | | |
| TITLE | D | ☐ DELETÉ | 1.1 TITLE | | 11/2/23/0/21/ | | |
| NAME | BAKER, DENISE L M.D. | | 1.2 NAME | | WILLIAM H. SEDGEMAN, TO | | |
| STREET ADDRES | | | 1.3 STREET | | | | |
| CITY-ST-ZIP | PALMETTO FL 34241 | | 1.4 CITY-S | Γ- ZIP | BRADENTON, FL 34203 | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | Change Au | | |
| NAME | BROWN, CHARLES M | | 2.2 NAME | | \ | | |
| STREET ADDRES | | T | 2.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | BRADENTON FL 34205 | | 2. 4 CITY-S | T-ZIP | | | |
| TITLE | D | ☐ DELETE | 31 TITLE | | ☐ Change ☐ Ad | | |
| NAME | BURGHARDT, BRIAN D | | 3.2 NAME | | | | |

6.4 CITY-ST-ZIP **BRADENTON FL 34209** 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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

DELETE

PRESIDENT DFFICER OR DIRECTOR

☐ Change

Change

☐ Change

☐ Addition

☐ Addition

☐ Addition