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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

203 HARRISON ST

TITUSVILLE FL 32780

Suite, Apt. #, etc.

City & State

23



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 390262

(4)

CARL T. MANCE ENTERPRISES, INC.

Mailing Address

203 HARRISON ST

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

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TITUSVILLE FL 32780

FILED Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

10/22/1971

59-1386532

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Start Name 12. Start Name 13. Street Address of P.O. Box Number is Not Acceptable) 14. 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 is registered diffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing is registered diffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing is registered diffice or registered agent, and scorpt the aboptament as registered. Start Name and the start of the purpose of changing is registered agent, and scorpt the adaptament as registered agent, and scorpt the adaptament as registered. Start Name and the start of the purpose of changing is registered. Start Name and the start of the purpose of changing is registered. Start Name and the start of the purpose of changing is registered. Start Name and the start of the purpose of changing is registered. Start Name and the start of the purpose of changing is registered. Start Name and the start of the purpose of changing is registered. Start Name and the start of the purpose of changing is registered. Start Name and the start of the purpose of changing is registered. Start Name and the start of the purpose of changing is registered. Start Name and the start Na	<u></u> −, ∠ιρ	<u> </u>	T COBINITY	اب <u>د</u> به		- Couring		8. This corporation owes or has paid the				
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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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PTD DELETE 11 TITLE PTD MANCE, MILDRED C. 12 TITLE V LAGRISON ST. 13 STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LAGRISON ST. 13 STREET ADDRESS 14 CITY-ST-ZIP TITUSVILLE FL 22 NAME MANCE, CARL T. 22 NAME MANCE, JOSEPH F. 23 LYME STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL DELETE 31 TITLE Change Addition NAME MANCE, JOSEPH F. 32 NAME MARCE, JOSEPH F. 32 STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL DELETE 41 TITLE Change Addition NAME MANCE, JOSEPH F. 32 STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL DELETE 41 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL DELETE 51 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL DELETE 51 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITUSVILLE FL Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL DELETE 51 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL Change Addition NAME STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition ADDITIONS/CHANGES TO CHANGES TO CHANGES TO CHANGES TO CHANGES TO CHANGES TO CHAN										l		
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14. I hereby certify that the information supplied with this filling 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	14. I hereby c	ertify that the in	nformation supplied with	h this filing does not c	qualify for the	ne exemp	tion sta	ted in Section 119.07(3)(i), Florida Statutes. I furth	er certify that the	information		

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.