2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 10, 2001 8:00 am Secretary of State DOCUMENT # 532340 1. Entity Name MANNA PROVISION COMPANY 01-10-2001 90074 039 ***150.00 Mailing Address Principal Place of Business 6239 NEW KINGS RD 6239 NEW KINGS RD P O DRAWER 40367 P O DRAWER 40367 JACKSONVILLE FL 32203 JACKSONVILLE FL 32203 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-1745079 City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent --6. Name and Address of Current Registered Agent Name HORCHER, RONALD N Street Address (P.O. Box Number is Not Acceptable) 6239 NEW KINGS RD JACKSONVILLE FL 32219 Zip Code City FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE HORCHER, RONALD N NAME NAME STREET ADDRESS STREET ADDRESS 6239 NEW KINGS RD CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Change ☐ Addition Delete TITLE HORCHER, RONALD N NAME NAME 6239 NEW KINGS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 00000 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP That this fill a does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information port 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 empowered to execute this report as required by Chapter 607, Florida Statuter; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplindicated on this report or supplemental of the corporation or the receiver or truck changed, or on an attact ment with an ed. upplemental re ceiver or truste

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