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 # F9500000482

MANCON OF VIRGINIA, INC.

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90100 034 ***150.00



Principal Place of Business	Mailing Address		1 1441143 tra salas anti anti anti anti		
1617 DIAMOND SPRINGS ROAD VIRGINIA BEACH VA 23455	1617 DIAMOND SPRINGS ROAD VIRGINIA BEACH VA 23455		DO NOT WRITE IN THE	CODACE	
			DO NOT WRITE IN THIS	STACE	
			3. Date Incorporated or Qualifed 01/27/1995		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		54-1244651	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State	, , , , ,	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 24 25	Zip Co 29 30	puntry	This corporation owes the current year In Personal Property Tax.	itangible □ Yes X No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, STE 105 TALLAHASSEE FL 32301		81 Name			
		82 Street Addre	82 Street Address (P.O. Box Number is Not Acceptable)		
		83	83		
		84 City	FL	85 Zip Code	
	00 COZ 4500 Flatido Statutos the	above named corp	oration submits this statement for the nurnose of	f changing its registered	

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 Stignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD DELETE	1.1 TITLE	☐ Change ☐ Addition				
NAME	CLARKE, A R	1.2 NAME					
STREET ADDRESS	1617 DIAMOND S¢RINGS RD.	1.3 STREET ADDRESS					
CITY-ST-ZIP	VIRGINIA BEACH VA	1.4 CITY+ST+ZIP					
TITLE	VD DELETE	2.1 TITLE	☐ Change ☐ Addition				
NAME	MEADOWS, DAVID K	2.2 NAME					
STREET ADDRESS	1617 DIAMOND S¢RINGS RD.	2.3 STREET ADDRESS					
CITY-ST-ZIP	VIRGINIA BEACH VA	2. 4 CITY-ST-ZIP					
TTILE	CEOC · DELETE	3.1 TITLE · ~	Change - Addition				
NAME	CLARKE, MARY J	3.2 NAME					
STREET ADDRESS	1617 DIAMOND SERINGS RD.	3.3 STREET ADDRESS					
CITY-ST-ZIP	VIRGINIA BEACH VA	3.4. CITY-ST-ZIP					
TITLE	STVD DELETE	4.1 TITLE	☐ Change ☐ Addition				
NAME	CLARKE, R.A.	4. 2 NAME					
STREET ADDRESS	1617 DIAMOND SPRINGS RD	4.3 STREET ADDRESS					
CITY-ST-ZIP	VIRGINIA BEACH VA	4.4 CITY-ST-ZIP					
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS	·				
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	□ DELETE	6.1 TITLE	Change Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		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:

757-460-6308