

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000050207

Entity Name: MANUMIT OF FLORIDA, INC.**Current Principal Place of Business:**18500 NORTH ALLIED WAY
PHOENIX, AZ 85054**Current Mailing Address:**18500 NORTH ALLIED WAY
PHOENIX, AZ 85054 US**FEI Number: 58-2065448****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	GOEBEL, BRIAN A.
Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054

Title	PRESIDENT
Name	BRUMMER, GREGG K.
Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054

Title	VP
Name	SCHULER, EILEEN B.
Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054

Title	VP
Name	WILHOIT, ADRIENNE W.
Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054

Title	VP
Name	NICKERSON, JOHN B.
Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054

Title	VP
Name	THOMSON, JENNIFER L.
Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054

Title	VP, TAX
Name	FOCAZIO, LAWRENCE D.
Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054

Title	SECRETARY
Name	SCHULER, EILEEN B.
Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SCHULER , EILEEN B.**SECRETARY****04/21/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name WILHOIT, ADRIENNE W.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title ASSISTANT SECRETARY
Name THOMSON, JENNIFER L.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title ASSISTANT SECRETARY
Name NICKERSON, JOHN B.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title TREASURER
Name BOYD, CALVIN R.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054