

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000076658

**Entity Name:** MENCORP, INC.

**Current Principal Place of Business:**

38724 US HWY 19 N  
SUITE 294  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

PO BOX 1297  
TARPON SPRINGS, FL 34688 US

**FEI Number:** 59-3439961

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MENNA, JOHN  
2879 DEER HOUND WAY  
PALM HARBOR, FL 34683 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 P  
Name MENNA, JOHN  
Address PO BOX 1297  
City-State-Zip: TARPON SPRINGS FL 34688

Title VP  
Name MENNA, MARIO  
Address PO BOX 1297  
City-State-Zip: TARPON SPRINGS FL 34688

Title SECRETARY  
Name MENNA, MARCO  
Address PO BOX 1297  
City-State-Zip: TARPON SPRINGS FL 34688

Title OTHER  
Name MENNA , AGOSTINO  
Address PO BOX 1297  
City-State-Zip: TARPON SPRINGS FL 34688

*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:** MARIO MENNA

VP

04/20/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date