

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V19527

**Entity Name:** JOE W. MANGE COMPANY

**Current Principal Place of Business:**

5400 VERNA BLVD.  
UNIT 6  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

5400 VERNA BLVD.  
UNIT 6  
JACKSONVILLE, FL 32205 US

**FEI Number:** 59-3109805

**Certificate of Status Desired:** No

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

JOANN SARA MANGE  
5207 MAGNOLIA OAKS LANE  
JACKSONVILLE, FL 32210 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 PSTD  
Name MANGE, JOSEPH WJR.  
Address 5400-6 VERNA BLVD  
City-State-Zip: JACKSONVILLE FL 32205

Title S  
Name MANGE, JOANN  
Address 5400-6 VERNA BLVD  
City-State-Zip: JACKSONVILLE FL 32205

*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:** JOANN MANGE

S

04/18/2016

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

\_\_\_\_\_  
Date