

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000000482

**FILED**  
**Jan 22, 2019**  
**Secretary of State**  
**3385742136CC**

**Entity Name:** MANCON OF VIRGINIA , INC.

**Current Principal Place of Business:**

1961 DIAMOND SPRINGS ROAD  
VIRGINIA BEACH, VA 23455

**Current Mailing Address:**

1961 DIAMOND SPRINGS ROAD  
VIRGINIA BEACH, VA 23455 US

**FEI Number:** 54-1244651

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
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            PRES  
Name            CLARKE, RICHARD A  
Address        1961 DIAMOND SPRINGS RD  
City-State-Zip: VIRGINIA BEACH VA 23455

Title            VP, SECRETARY, TREASURER  
Name            MEADOWS, DAVID K  
Address        1961 DIAMOND SPRINGS RD  
City-State-Zip: VIRGINIA BEACH VA 23455

Title            CEO, CHAIR OF THE BOARD  
Name            CLARKE, MARY J  
Address        1961 DIAMOND SPRINGS RD  
City-State-Zip: VIRGINIA BEACH VA 23455

Title            VP  
Name            CLARKE, ALFRED R  
Address        1961 DIAMOND SPRINGS RD  
City-State-Zip: VIRGINIA BEACH VA 23455

Title            DIRECTOR  
Name            CLARKE, RICHARD A  
Address        1961 DIAMOND SPRINGS RD  
City-State-Zip: VIRGINIA BEACH VA 23455

Title            DIRECTOR  
Name            CLARKE, MARY J  
Address        1961 DIAMOND SPRINGS RD  
City-State-Zip: VIRGINIA BEACH VA 23455

Title            DIRECTOR  
Name            MEADOWS, DAVID K.  
Address        1961 DIAMOND SPRINGS ROAD  
City-State-Zip: VIRGINIA BEACH VA 23455

Title            CFO  
Name            ROSS, TRACY L  
Address        1961 DIAMOND SPRINGS ROAD  
City-State-Zip: VIRGINIA BEACH VA 23455

*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:** RICHARD A. CLARKE

**PRESIDENT**

**01/22/2019**

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

\_\_\_\_\_  
Date