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FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 268362

(1)

1. Corporation Name  
MANKO CO

Principal Place of Business

20985 W HWY 40  
P.O. BOX 369  
DUNNELLON FL 34430  
US

Mailing Address

20985 W HWY 40  
P.O. BOX 369  
DUNNELLON FL 34430-0369  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/01/1963

3a. Date of Last Report

07/22/1996

4. FEI Number

59-0999683

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SANDY, THOMAS L.  
20985 W HWY 40  
P.O. BOX 369  
DUNNELLON FL 32630

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SANDY, THOMAS  
STREET ADDRESS 20985 W HWY 40  
CITY-ST-ZIP DUNNELLON FL ☐ DELETE

TITLE D  
NAME SANDY, JOHN THOMAS  
STREET ADDRESS 20985 W HWY 40  
CITY-ST-ZIP DUNNELLON FL ☐ DELETE

TITLE D  
NAME CAMP, JACK N  
STREET ADDRESS 20985 W HWY 40  
CITY-ST-ZIP DUNNELLON FL ☐ DELETE

TITLE STD  
NAME CAMP, GENE  
STREET ADDRESS 20985 W HWY 40  
CITY-ST-ZIP DUNNELLON FL ☐ DELETE

TITLE VD  
NAME LOVETT, LOIS  
STREET ADDRESS 20985 W HWY 40  
CITY-ST-ZIP DUNNELLON FL ☐ DELETE

TITLE DVP  
NAME MCINTOSH, GAY C  
STREET ADDRESS 20985 W HWY 40  
CITY-ST-ZIP DUNNELLON FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE *Tom R. Sandy - President*

4/22/97

252-488-2722

CR2E034 (9/96)