

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 03/01/1963	
4. FEI Number 59-0999683		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD NAME SANDY, THOMAS STREET ADDRESS 20985 W HWY 40 CITY-ST-ZIP DUNNELLON FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D NAME SANDY, JOHN THOMAS STREET ADDRESS 20985 W HWY 40 CITY-ST-ZIP DUNNELLON FL	1.2 NAME	
TITLE	D NAME CAMP, JACK N STREET ADDRESS 20985 W HWY 40 CITY-ST-ZIP DUNNELLON FL	1.3 STREET ADDRESS	
TITLE	STD NAME CAMP, GENE STREET ADDRESS 20985 W HWY 40 CITY-ST-ZIP DUNNELLON FL	1.4 CITY-ST-ZIP	
TITLE	VD NAME LOVETT, LOIS STREET ADDRESS 20985 W HWY 40 CITY-ST-ZIP DUNNELLON FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DVP NAME MCINTOSH, GAY C STREET ADDRESS 20985 W HWY 40 CITY-ST-ZIP DUNNELLON FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I 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 Sandy* **TOM SANDY - PRESIDENT** 4/27/98 352-489-2563

CR2E034 (1097)