

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90075 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 268362

1. Corporation Name
MANKO CO

Principal Place of Business 20985 W HWY 40 P.O.BOX 369 DUNNELLO FL 34430 US	Mailing Address 20985 W HWY 40 P.O.BOX 369 DUNNELLO FL 34430 US
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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 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	8. This corporation owes the current year Intangible Personal Property Tax. <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
 DUNNELLO FL 32630

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SANDY, THOMAS	
STREET ADDRESS	20985 W HWY 40	
CITY-ST-ZIP	DUNNELLO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANDY, JOHN THOMAS	
STREET ADDRESS	20985 W HWY 40	
CITY-ST-ZIP	DUNNELLO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAMP, JACK N	
STREET ADDRESS	20985 W HWY 40	
CITY-ST-ZIP	DUNNELON FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CAMP, GENE	
STREET ADDRESS	20985 W HWY 40	
CITY-ST-ZIP	DUNNELLO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LOVETT, LOIS	
STREET ADDRESS	20985 W HWY 40	
CITY-ST-ZIP	DUNNELLO FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MCINTOSH, GAY C	
STREET ADDRESS	20985 W HWY 40	
CITY-ST-ZIP	DUNNELLO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Camp, Kevin B.	
3.3 STREET ADDRESS	20985 W HWY 40	
3.4 CITY-ST-ZIP	Dunnellon, FL 34430	
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, with all other like empowered.

SIGNATURE: *[Signature]* 4/29/99 352-489-2573
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)