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Apr 30, 1999 8:00 am
Secretary of State

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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

Mailing Address

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1963

4. FEI Number

59-0999683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☒ DELETE

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

TITLE STD ☐ DELETE

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

TITLE VD ☐ DELETE

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

TITLE DVP ☐ DELETE

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

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

D
Camp, Kevin B.
20985 W HWY 40
Dunnellon, FL 34430

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:

Thomas L. Sandy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99
Date

352-489-2563
Daytime Phone #

CR2E034 (11/98)