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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 388806

1. Corporation Name
MANGUS INSURANCE & BONDING, INC.

Principal Place of Business	Mailing Address
4000 ST JOHNS AVE 7 JACKSONVILLE FL 32205-358 US	4000 ST JOHNS AVE STE #7 JACKSONVILLE FL 32205 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1971

4. FEI Number: 59-1361106 ☐ Applied For ☐ Not Applicable

5. Certifcate 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	2a. Mailing Address
21 6196 Lake Gray Blvd.	26 6196 Lake Gray Blvd.
Suite, Apt. #, etc. 22 Suite 101	Suite, Apt. #, etc. 27 Suite 101
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip / Country 24 32244 25 US	Zip / Country 29 32244 30 US

9. Name and Address of Current Registered Agent

MANGUS, L. PRESTON III
4000 ST JOHNS AVE
STE #7
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 6196 Lake Gray Blvd.

83 Suite 101

84 City: Jackosnville. FL 85 Zip Code: 32244

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE	Secretary	☐ Change XX Addition
NAME	HURST, ROGER R.		1.2 NAME	Evans, Annette M.	
STREET ADDRESS	2137 PARK STREET		1.3 STREET ADDRESS	6196 Lake Gray Blvd., Suite 101	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE	P	☐ DELETE	2.1 TITLE	Treasurer	☐ Change XX Addition
NAME	MANGUS, III, L. PRETSON		2.2 NAME	West, Lori T.	
STREET ADDRESS	2137 PARK STREET		2.3 STREET ADDRESS	6196 Lake Gray Blvd., Suite 101	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		2.4 CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE	T	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	OUTLAW, SONJIE K.		3.2 NAME		
STREET ADDRESS	2137 PARK STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: L. Preston Mangus III 3/11/99 (904) 908-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)