

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000000555

1. Corporation Name

MANCAN OF S.W.F., INC.

Principal Place of Business

13971 CLEVELAND AVE N., SUITE 19
N. FT MYERS FL 33903

Mailing Address

13971 CLEVELAND AVE N., SUITE 19
N. FT MYERS FL 33903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1998

4. FEI Number

34-1197864

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 12995 Cleveland Ave. S.

Suite, Apt. #, etc.

22 Suite 152

City & State

23 Ft. Myers, Florida

Zip

24 33907

25 Lee

2a. Mailing Address

26 12995 Cleveland Ave S.

Suite, Apt. #, etc.

27 Suite 152

City & State

28 Ft. Myers, FL

Zip

29 33907

Country

30 Lee

9. Name and Address of Current Registered Agent

MASON, DEBORAH

13971 CLEVELAND AVE N., SUITE 19

N. FT MYERS FL 33903

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

11/11/99

12. OFFICERS AND DIRECTORS

TITLE CPT ☐ DELETE

NAME MASON, JONATHAN P

STREET ADDRESS 48 1ST ST NE

CITY-ST-ZIP MASSILLON OH 44646

TITLE VCVS ☐ DELETE

NAME MASON, BONNIE

STREET ADDRESS 48 1ST ST NE

CITY-ST-ZIP MASSILLON OH 44646

TITLE D ☐ DELETE

NAME MASON, DEBORAH

STREET ADDRESS 48 1ST ST NE

CITY-ST-ZIP MASSILLON OH 44646

TITLE D ☐ DELETE

NAME MASON, RYAN

STREET ADDRESS 48 1ST ST NE

CITY-ST-ZIP MASSILLON OH 44646

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/11/99 (941) 939-7444

CR2E034 (11/98)