FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 17 PM 11:20

DOCUMENT # H38636 (7)

1. Corporation Name
MANHARDT, INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 990212 NAPLES FL 33999-3061	P.O. BOX 990212 NAPLES FL 33999-3061

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1985
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business	2a. Mailing Address
21 3271 64TH ST. SW	26 3271 64TH ST. SW
Suite, Apt. #, etc. 22 Naples, FL	Suite, Apt. #, etc. 27 Naples, FL.
City & State 23 33999 USA	City & State 28 33999 USA
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2479409 ☐ 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 has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MANHARDT, PHILLIP 2331 54TH TERRACE, S.W. NAPLES FL 33999	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3271 64TH ST. SW 83 Naples, FL 33999 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 _____ 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	P	1.1 TITLE	☑ Change ☐ Addition
NAME	MANHARDT, PHILLIP	1.2 NAME	
STREET ADDRESS	2331 54TH TERRACE, S.W.	1.3 STREET ADDRESS	3271 64TH ST. SW.
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL. 33999
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	MANHARDT, JOHN	2.2 NAME	
STREET ADDRESS	3291 64TH SW	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	MANHARDT, WILMA	3.2 NAME	
STREET ADDRESS	3291 64TH ST. SW	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Phil Manhardt 4/10/95 813 649-4435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0418000 FP