

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
CORPORATE REPORT
SECRETARY OF STATE
CORPORATION

DOCUMENT # J20712

(2)

MANSHER CORPORATION

**APPROVED
AND
FILED**

SEPT -1 AM 8:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Office (Florida)
MANSHER CORP
P.O. BOX 831
CHULUOTA FL 32766
US

Mailing Address
MANSHER CORP
P.O. BOX 831
CHULUOTA FL 32766
US

(Print or Type in the Space)

3. Date incorporated (12 digit) **06/20/1986** **3a. Date of last report** **07/26/1994**

4. F.E. Number **59-2689698** **Applied For** ☐ **Not Applicable** ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

7. This corporation has actually been organized for business since 12/31/1993 ☒ **Yes** ☐ **No**

2. Principal Office (Florida) **2a. Mailing Address**

21 **26**

22 **27**

23 **28**

24 **25** **29** **30**

9. Name and Address of Current Registered Agent

SHERMAN, ROGER W.
430 E. 6TH ST.
CHULUOTA FL 32766

10. Name and Address of New Registered Agent

81 **Name**

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

83

84 **City** **FL** **85** **Zip Code**

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation submits the 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 a shareholder, director, or officer of the corporation.

SIGNATURE

12. OFFICERS AND DIRECTORS

12a **P**
NAME **SHERMAN, R & S**
STREET ADDRESS **430 E. 6TH ST**
CITY, STATE, ZIP **CHULUOTA FL**

12b **S**
NAME **SHERMAN, R & S**
STREET ADDRESS **430 E. 6TH ST.**
CITY, STATE, ZIP **CHULUOTA FL**

12c
NAME
STREET ADDRESS
CITY, STATE, ZIP

12d
NAME
STREET ADDRESS
CITY, STATE, ZIP

12e
NAME
STREET ADDRESS
CITY, STATE, ZIP

12f
NAME
STREET ADDRESS
CITY, STATE, ZIP

12g
NAME
STREET ADDRESS
CITY, STATE, ZIP

12h
NAME
STREET ADDRESS
CITY, STATE, ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, ETC.

13a ☐ **Change** ☐ **Addition**

13b ☐ **Change** ☐ **Addition**

13c ☐ **Change** ☐ **Addition**

13d ☐ **Change** ☐ **Addition**

13e ☐ **Change** ☐ **Addition**

13f ☐ **Change** ☐ **Addition**

13g ☐ **Change** ☐ **Addition**

13h ☐ **Change** ☐ **Addition**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in s. 607.01(2)(b), Florida Statutes. I do hereby certify that the information indicated on the 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 9 of this filing, or on an attachment with an address.

SIGNATURE: **ROGER W. SHERMAN** *Roger W. Sherman* **26 APR 95** **407-365-1534**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON ORIGINAL