

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 30 AM 9:16

DOCUMENT # L23312 (6)

1. Corporation Name

MA-KING ORANGES, INC.

Principal Place of Business

**13718 SW 145TH CT
% MR. JAMES MANESS
MIAMI FL 33186**

Mailing Address

**13718 SW 145TH CT
% MR. JAMES MANESS
MIAMI FL 33186**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1989

3a. Date of Last Report

01/31/1994

4. FEI Number

65-0147978

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

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

**MANESS, JAMES G.
13718 S.W. 145 COURT
MIAMI FL 33186**

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 of agent or current registered agent and the corporation

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MANESS, JAMES G.
STREET ADDRESS	12331 S.W. 98 ST.
CITY- ST- ZIP	MIAMI FL
TITLE	VD
NAME	KING, ARTHUR L.
STREET ADDRESS	328 MCKINLEY AVE.
CITY- ST- ZIP	CHARLESTON WV
TITLE	VTD
NAME	KING, VIRGINIA L.
STREET ADDRESS	328 MCKINLEY AVE.
CITY- ST- ZIP	CHARLESTON WV
TITLE	SD
NAME	MANESS, OLGA
STREET ADDRESS	12331 S.W. 98 ST.
CITY- ST- ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(g), Florida Statutes. I further certify that the information included 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed to be on an attachment with an address.

SIGNATURE:

James G. Maness
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

Date

Signature/Phone #

3-2795 2560946