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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L93820

Country

9. Name and Address of Current Registered Agent

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MANOULA IOSEDII ID

(3)

JOSEPH MANCILLA, P.A.

Principal Place of Business 6447 HEARTLAND CIRCLE TALLAHASSEE FL 32312

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

Zip

21

24

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

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6447 HEARTLAND CIRCLE TALLAHASSEE FL 32312

**FILED** Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

**\$5.00** May Be

Added to Fees

Yes Yes

Not Applicable

3. Date Incorporated or Qualified 08/01/1990

65-0044921

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

MANOILLA, JOSEPH, JA.					
6447 HEARTLAND CIRCLE TALLAHASSEE FL 32312			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)	
TALLAMASSEE PL 32312			83		
			84 City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named col					
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					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	MANCILLA, JOSEPH, JR.		1,2 NAME		
STREET ADDRESS	6447 HEARTLAND CIRCLE		1,3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		1,4 CITY - ST - ZIP		
TITLE	VP	DELETE	2,1 TITLE	Change Addition	
NAME	MANCILLA, ANNA K.		2,2 NAME		
STREET ADDRESS	6447 HEARTLAND CIRCLE		2,3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312	<u> </u>	2, 4 CITY - ST - ZIP		
TITLE		DELETE	3,1 TITLE	Change Addition	
NAME			3.2 NAME		
STREET ADDRESS			3,3 STREET ADDRESS		
CITY-ST-ZIP		(***)	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		The series	5.4 CITY-ST-ZIP	[ OL	
TITLE		DELETE	6,1 TITLE	Change Addition	
NAME			6,2 NAME		
STREET ADDRESS			6,3 STREET ADDRESS		
CITY-ST-ZIP	ortify that the information cumplied with this	filing does not qualify for t	6.4 CITY-ST-ZIP	d in Section 119 07(3)(i) Florida Statutes I further certify that the information	
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.					

Country

81 Name

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