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FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90132 010 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P93000050207

1. Corporation Name

MANUMIT OF FLORIDA, INC.



Principal Place of Business

**1600 W. NEW HAMPSHIRE
ORLANDO FL 32804**

Mailing Address

**22001 HOOVER ROAD
WARREN MI 48089**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1993

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

2401 South Laflin

Suite, Apt. #, etc.

27

City & State

28

Chicago, IL

Zip

29

60608

Country

30

USA

4. FEI Number

58-2062448

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

9. Name and Address of Current Registered Agent

**BLANKENSHIP, EARL W
638 MIDWAY DR
OCALA FL 34472**

10. Name and Address of New Registered Agent

81 Name

Joe Briarton

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

925-6 Clyde Morris Boulevard

83

84 City

Daytona Beach

FL

85 Zip Code

32114

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

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CAMPO, DOMINIC	
STREET ADDRESS	22001 HOOVER DR	
CITY-ST-ZIP	WARREN MI 48089	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CAMPO, GASPARE	
STREET ADDRESS	22001 HOOVER DR	
CITY-ST-ZIP	WARREN MI 48089	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	HAYES, SCOTT	
STREET ADDRESS	22001 HOOVER DR	
CITY-ST-ZIP	WARREN MI 48089	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FISH, MICHAEL	
STREET ADDRESS	22001 HOOVER DR	
CITY-ST-ZIP	WARREN MI 48089	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James S. Eng	
1.3 STREET ADDRESS	15880 N. Greenway-Hayden Loop	
1.4 CITY-ST-ZIP	Scottsdale, AZ 85260	
2.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Donald W. Slager	
2.3 STREET ADDRESS	15880 N. Greenway-Hayden Loop	
2.4 CITY-ST-ZIP	Scottsdale, AZ 85260	
3.1 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	G. Thomas Rochford, Jr.	
3.3 STREET ADDRESS	15880 N. Greenway-Hayden Loop	
3.4 CITY-ST-ZIP	Scottsdale, AZ 85260	
4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Terry Armstrong	
4.3 STREET ADDRESS	c/o 15880 N. Greenway-Hayden Loop	
4.4 CITY-ST-ZIP	Scottsdale, AZ 85260	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jo Lynn White	
5.3 STREET ADDRESS	15880 N. Greenway-Hayden Loop	
5.4 CITY-ST-ZIP	Scottsdale, AZ 85260	
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Kimberly R. Boll and Jenny L. Apler	
6.3 STREET ADDRESS	15880 N. Greenway-Hayden Loop	
6.4 CITY-ST-ZIP	Scottsdale, AZ 85260	

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:

Jo Lynn White **RED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99
Date

Daytime Phone #

CR2E034 (11/98)