SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P94000068152 (5) DOCUMENT # MANGO PRODUCTION, INC. Mailing Address Principal Place of Business 8449 SOUTHWEST S.R. 200 8449 SOUTHWEST S.R. 200 SUITE 141 SUITE 141 OCALA FL 32281 OCALA FL 32281 3a. Date of Last Report 3. Date Incorporated or Qualified 04/13/1995 09/09/1994 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3269226 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Country Zφ Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PEEK, DAVID H Street Address (P.O. Box Number is Not Acceptable) 1609 GULF LIFE TOWER 82 JACKSONVILLE FL 32207 83 Zip Code 85 City 84 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent is practic required which reinstating) Signature, type for prince, i have a place protect agent and title if apply able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE 1.1 TITLE TITLE 1.2 NAME LEMIEUX, GUY J NAME 8449 SOUTHWEST S.R. 200, SUITE 141 1.3 STREET ADERESS STREET ADDRESS OCALA FL 32281 14 CITY - ST - ZIP DITY - ST - ZIP DELETE Change Addition 21 TITLE THLE 2.2 NAME LEMIEUX, ELAINE C NAME 2.3 STREET ADDRESS 8449 SOUTHWEST S.R. 200, SUITE 141 STREET ADDRESS 2 4 CITY - ST - ZIP OCALA FL 32281 CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADURESS STREET ADDRESS 34 CITY-ST-7-P CITY - ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C(TY - S1, 2)P CITY-ST-ZIP Change Addition DELETE 5 1 TIFLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADORESS 54 CITY - ST-7IP CITY-ST-ZIF Change Addition DELETE 6.1 TITLE

14. I do hereby certly that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I further certify that the information indicated on this acquart report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under outh, that I are an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

OFR OF DIRECTOR

6.2 NAME

6.3 STREET ADDRESS

64 CITY - ST. ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PHI

TITLE

NAME

STREET ADDRESS

6-6-96 352854 6622

(36/8)

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