

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90009 010 \*\*\*150.00

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DOCUMENT # P96000000176

1. Corporation Name  
MNO, INC.

Principal Place of Business

15628 MLK BLVD  
DOVER FL 33527  
US

Mailing Address

15628 MLK BLVD  
DOVER FL 33527  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1995

4. FEI Number

59-3373179

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

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

MCCLURE, JEFFREY C  
5307 CINDY KAY DR  
PLANT CITY FL 33567

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	VOIGTMANN, MAYNARD E	
STREET ADDRESS	7314 APPLGATE DR	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VOIGTMANN, ORIS L	
STREET ADDRESS	5227 TRAPNELL ROAD	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	VOIGTMANN, NORMAN C	
STREET ADDRESS	15628 M.L. KING BLVD.	
CITY-ST-ZIP	DOVER FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCCLURE, JEFFERY C	
STREET ADDRESS	5307 CINDY KAY DR	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MCCLURE, CYNTHIA A	
STREET ADDRESS	5307 CINDY KAY DR	
CITY-ST-ZIP	PLANT CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vice Pres
2.3 STREET ADDRESS	Voigtman, Oris L.
2.4 CITY-ST-ZIP	5227 Trapnell Rd.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DOVER, FL 33527
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Jeffery C. McClure* 3/10/99 813-754-2958  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)