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Mar 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000018082 (2)

1. Corporation Name

MANTEO SERVICE CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business ROUTE 1, BOX 585 MAYO FL 32066		Mailing Address ROUTE 1, BOX 585 MAYO FL 32066	
2. Principal Place of Business 21 10430 Hunters Creek Ct. Suite, Apt. #, etc.		2a. Mailing Address 26 10430 Hunters Creek Ct. Suite, Apt. #, etc.	
22 City & State 23 Jacksonville, Florida Zip 24 32256 Country 25 Dual		27 City & State 28 Jacksonville, Florida Zip 29 32256 Country 30 Dual	
9. Name and Address of Current Registered Agent BREWER, WALTER L 2548 S.W. COUNTY ROAD 780 JOCATEE FL 34268		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	President, Director
STREET ADDRESS		1.3 STREET ADDRESS	Terry L. Putnal
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Route 1, Box 585
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Mayo, Florida 32066
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Vice-President, Director
STREET ADDRESS		3.3 STREET ADDRESS	Bryan L. Putnal
CITY-ST-ZIP		3.4 CITY-ST-ZIP	10430 Hunters Creek Ct.
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Jacksonville, FL 32256
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 registered 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.

CR2E034 (10/97)