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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000082659 (8)

MANGCO, INC.

Principal Place of Business

Mailing Address

FILED Apr 27 1998 8:00am Secretary of State



311 EAST ROBERTSON STREET BRANDON FL 33511		311 EAST ROBERTSON STREET BRANDON FL 33511		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					09/24/1997	
- -	ace of Business	2a. Mailing Address	H		4. FEI Number	Applied For
Suite, Apt.	# AIC	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional	
22	π, σι ο:		27		5. Certificate of Status Desired	Fee Required
City & State		Cily & Stale	Cily & Stale		Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	<i>'</i>	8. This corporation owes or has paid the cur	
24	25 9. Name and Address of Curren	29	30		Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
DEI		it neglatered Agent	81	Name	IV. Name and Address of New Hegistered	Agon.
	LOACH, R. MICHAEL ESQ. EAST ROBERTSON STREET					
	ANDON FL 33511		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
510			83		•	
			84	City	FL	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the abov	e-named cor	poration submits this statement for the purpose of	changing its registered
office or re agent. I ar	e gister ed agent, or both, in the State m fam iliar with, and accept the oblig	ਾ Florida. Such change was ations of, Section 607.0505, Fl	authorized by orida Statute	y the corpora s.	ation's board of directors. I hereby accept the app	ointment as registered
SIGNATURE						
·	Signature, typed or printed name of requirered ag-	ont and total if applicable (NOT D DIRECTORS		uper erulange requ	aried when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIDECTODE IN 10
12.	PSTD	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	MANGRUM, ROBERT D		1.2 NAME			
STREET ADDRESS	2455 THORNHILL ROAD		1.3 STREET	ADDRESS		
CITY-ST-ZIP	AUBURNDALE FL 33823		1.4 CITY - S			
TITLE		DELE TE	2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	3.1 TITLE		, 	☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP TITLE		DELETE	3.4. City - 4.1 Title	91- TIL		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADORESS		
CITY-ST-ZIP			4.4 C(TY - S	ST-ZIP		
TITLE		DELETE	5 1 TITLE			Anange / Addition
NAME			5.2 NAME			1/2///
STREET ADDRESS			5.3 STREET			#114 <i>\\\\</i>
CITY-ST-ZIP		T or ere	5.4 CITY - S	IT-ZIP	The state of the s	
TITLE		☐ DEL ETE	6.1 TITLE		900002501 % -04/27/980108101	Thange L Addition
NAME			6.2 NAME	4000000	***150.00	l. 1
STREET ADDRESS			G.3 STREET	ļ	多本本主心(D. UU	
CITY-ST-ZIP			6.4 CITY - S	it-ZIP }		i

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 arrival 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 attackment with an articless.

11-15-00