

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:29

CORPORATION ANNUAL REPORT 1995
FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # S09271 (5)
1. Corporation Name
D'MANCO, INC.

Principal Place of Business: P.O. BOX 2880, HIGH SPRINGS FL 32643
Mailing Address: P.O. BOX 2880, HIGH SPRINGS FL 32643

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: 21 1715 NW 1st Ave., Suite, Apt. #, etc.
22 City & State: High Springs, FL
23 Zip: 32643
24 County: Alachua
25
26 Mailing Address: 26
27 City & State:
28 Zip:
29 Country:
30

3. Date Incorporated or Qualified: 10/12/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3037155
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 has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
LARSON, HERBERT W.
7381 114TH AVE
SUITE 406
LARGO FL 34643

10. Name and Address of New Registered Agent
81 Name: Amy R. McRoberts
82 Street Address (P.O. Box Number is Not Acceptable): RR 2 Box 355
83 Po Box 2880
84 City: High Springs FL 85 Zip Code: 32643

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: Amy R. McRoberts, President 3/16/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DON M. MANN
STREET ADDRESS	1715 NW 1ST AVE.
CITY - ST - ZIP	HIGH SPRINGS FL 32643
TITLE	VP
NAME	DONA B. MANN
STREET ADDRESS	1715 NW 1ST AVE.
CITY - ST - ZIP	HIGH SPRINGS FL 32643
TITLE	VP
NAME	KNIGHT, JOEL
STREET ADDRESS	RT 2, BOX 362E
CITY - ST - ZIP	FT WHITE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Amy R. McRoberts	
13 STREET ADDRESS	RR 2 Box 355	
14 CITY - ST - ZIP	High Springs, FL 32643	
21 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	Rt 1 Box 609	
24 CITY - ST - ZIP	Ft. White, FL 32038	
31 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Don M. Mann	
43 STREET ADDRESS	Rt 1 Box 609	
44 CITY - ST - ZIP	Ft. White, FL 32038	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Amy R. McRoberts, President 3/16/95 (904) 454-3313