

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S09271 (5)

1. Corporation Name

D'MANNCO, INC.



Principal Place of Business

Mailing Address

**1715 NW 1ST AVE
HIGH SPRINGS FL 32643
US**

**P.O. BOX 2880
HIGH SPRINGS FL 32643**

3. Date Incorporated or Qualified

10/12/1990

3a. Date of Last Report

03/27/1995

4. FEI Number

59-3037155

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

**MCROBERTS, AMY R
RR 2 BOX 355
P O BOX 2880
HIGH SPRINGS FL 32643**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3649 NE 71st Ave.

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 director, if applicable) (NOTE: Registered Agent Signature required when the address is changed)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PTD
MCROBERTS, AMY R**
STREET ADDRESS **RR 2 BOX 355**
CITY-ST-ZIP **HIGH SPRINGS FL**

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **3649 NE 71st Ave.**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **VPD
DONA B. MANN**
STREET ADDRESS **RT 1 BOX 609**
CITY-ST-ZIP **FT WHITE FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **VPD
KNIGHT, JOEL**
STREET ADDRESS **RT 2, BOX 382E**
CITY-ST-ZIP **FT WHITE FL**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **UP
Nancy Stringfellow**
3.3 STREET ADDRESS **1130 Adams St.**
3.4 CITY-ST-ZIP **Bell, FL**

TITLE ☐ DELETE

NAME **S
MANN, DON M**
STREET ADDRESS **RT 1 BOX 609**
CITY-ST-ZIP **FT WHITE FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 119.07(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 **Amy McRoberts**

4/23/96

(904)454-3313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE OFFICE PHONE #

CR2E034 (12/95)