


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

FILED

Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S14136** (3)
1. Corporation Name
C.D. MANKIN, INC.



Principal Place of Business 145 JEAN DRIVE CRAWFORDVILLE FL 32227	Mailing Address 145 JEAN DRIVE CRAWFORDVILLE FL 32227
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/14/1990	
4. FEI Number 65-0224793		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MANKIN, CHARLES D 45 LURA LN. CRAWFORDVILLE FL 32327		10. Name and Address of New Registered Agent 81 Name MANKIN, Charles D 82 Street Address (P.O. Box Number is Not Acceptable) 145 Jean Drive 83 City Crawfordville FL 85 Zip Code 32327	
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11. Pursuant to the provisions of Sections 607.0102 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 *Charles D. Mankin Pres.* **Charles D. Mankin Pres.** DATE **1-3-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MANKIN, CHARLES D		1.2 NAME MANKIN, Charles D.	
STREET ADDRESS 45 LURA LANE		1.3 STREET ADDRESS 145 Jean Drive	
CITY-ST-ZIP CRAWFORDVILLE FL		1.4 CITY-ST-ZIP Crawfordville, FL 32327	
TITLE VS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MANKIN, JACQUELINE		2.2 NAME MANKIN, Jacqueline	
STREET ADDRESS 45 LURA LANE		2.3 STREET ADDRESS 145 Jean Drive	
CITY-ST-ZIP CRAWFORDVILLE FL		2.4 CITY-ST-ZIP Crawfordville, FL 32327	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
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 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 *Charles D. Mankin Pres.* **Charles D. Mankin Pres.** DATE **1-3-98** (850) 926-4220

CR2E034 (10/97)