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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUL 12 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S14136

1. Corporation Name
C.D. Mankin, Conc.

Principal Place of Business
145 Jean Drive

Mailing Address
145 Jean Drive
Crawfordville, FL. 32327

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11-14-1990

4. FEI Number
65-0224793
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 145 Jean Drive
Suite, Apt. #, etc.
22
City & State
23 Crawfordville, FL.
24 Zip 32327 25 Country U.S.

2a. Mailing Address
26 145 Jean Drive
Suite, Apt. #, etc.
27
City & State
28 Crawfordville FL.
29 Zip 32327 30 Country U.S.

9. Name and Address of Current Registered Agent
Mankin, Charles D.
145 Jean Drive
Crawfordville, FL. 32327 U.S.

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 7-11-99
Signature, type or printed name of registered agent and date. (NOTE: Registered Agent signature is required in this box.)

12. OFFICERS AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	Mankin, Charles D.	
STREET ADDRESS	145 Jean Dr.	
CITY-ST-ZIP	Crawfordville FL. 32327	
TITLE	VS	☐ DELETE
NAME	Mankin, Jacqueline	
STREET ADDRESS	145 Jean Dr.	
CITY-ST-ZIP	Crawfordville, FL. 32327	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	☐ DELETE
NAME	Christopher D. Mankin	
STREET ADDRESS	145 Jean Dr.	
CITY-ST-ZIP	Crawfordville FL. 32327	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	400002932024--5	
1.3 STREET ADDRESS	-07/15/99--01039--004	
1.4 CITY-ST-ZIP	*****61.25 *****61.25	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE Jacqueline Mankin Jacqueline Mankin 7-11-99
Jacqueline Mankin
850-926-4328
7/12/99