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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(0)

1. Corporation Name E.R. MANNING CITRUS CONTRACTOR, INC. Principal Place of Business 40 EAST 8TH ST. FROSTPROOF FL 33843 US Address 40 E. 8TH ST FROSTPROOF FL 33843 US							
					3. Date Incorporated or Qualified 01/16/1991	3a. Date of Last 04/26/	Fecori 1995
21 26		2a. Mailing Address 26	J Address		4. FEI Number 59-3044208		Applied For Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.7	5 Additional
City & State		City & State			Fee	Required	
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.0	00 May Be
Zip	Country	Zip	Country	·	8. This corporation has liability for	intangible tax under	ed to Fees
24	9. Name and Address of Cur	29	30		Florida Statutes		
	o. Hame and Address of Col	rent negistered Agent	81	Name	10. Name and Address of New F	legistered Agent	
	IING, E.R.			-			
	ST 8TH ST.		82	Street Addr	iss (P.O. Box Number is Not Acceptable)		
FROSTPROOF FL 33843			83				
			84	City			ip Code
or register	to the provisions of Sections 607.05 ed agent, or both, in the State of Fi	i02 and 607.1508, Florida Sta crida: Such change was autho	tutes, the above norized by the corpo	amed corpor	ation submits this statement for the pur d of directors. I hereby accept the appe		registered office
SIGNATURE	th, and accept the obligations of Se	ection 607.0505, Florida Statu	ites		a or arcolors. Thereby accept the appr	uniment as registered	3 agent. Lam
	Signature, typed or printed name of registered ag	erit and stie if applicance	(NOTE: Flogistered Agent	Signature remains	Excheri re ristativat	DA'E	
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		ORS IN 12
TOTLE	MANNING, E.R.	☐ DELE FE	1 THE				
NAME	40 E. 8TH ST.		1.2 NAME				
STREET ADDRESS	FROSTPROOF FL		13 STREET /	ADDRESS			
CITY-ST-ZIP TITLE			146114.87	- 7IP			
NAME	☐ DELETE		2 1 TITLE			☐ Change	☐ Addition
STREET ADDRESS			2.2 NAME				
CITY-ST-ZIP			2.3 STREET A				
TITLE		DELETE	24 CITY - ST 3 1 TILLE	-715			
NAME		_	3.2 NAME			☐ Change	☐ Addition
STREET ADDRESS			33 STREET	ADDHESS:			
CITY-ST-ZIP			34 CITY - ST	ZIP			
TITLE		DELETE	4 7 TITLE			Change	Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STHEET A	DORESS			ļ
CITY-ST-ZIP TITLE		- Access	4.4 CITY - S1-	ZIP			[
NAME		DELETE	5 1 TITLE			Change	Addition
STREET ADDRESS			5.2 NAME				1
CITY-ST-ZIP			5 3 STREET A				
TITLE		DELETE	5 4 C(1Y - ST -	ZIF			
NAME		C) bearif	6 1 TITLE 62 NAME			☐ Change	☐ Addition
STREET ADDRESS			6.3 STREET AL	unpree			-
CITY-ST-ZIP			6.4 DITY OF	1			

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. Further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE:

4. 27.96

941-6.35-2581

LANGE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-635-3581 Dayling Proces