Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90235 028 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S25320**

1. Corporation Name

E.R. MANNING CITRUS CONTRACTOR, INC.

							8 11 1		
Principal Place	e of Business	Mailing Address			1				
40 EAST 8T.4 ST.		40 E. 8TH ST		ì					
FROSTPROOF FL 33843		FROSTPROOF FL 33843 US			DO NOT WRITE IN THIS SPACE				
		UŞ			-	3. Date ir corporated or Qualif			
						01/16/1991			
2 Principa Pl	lace of Business	2a. Mailing Address				4. FEI Number		An	plied For
	lace of Edsiliess	-			1	59-3044208		} 	t Applicable
Suite, Apt.	# atc	Suite, Apt. #, etc.						\$8.75	
22]		27		1	5. Certifcate of Status Desired		Fee Re		
City & S:ate		City & State			6. Election Campaign Financia		\$5.00	May Re	
23		28			Trust Fund Contribution	.a 🗆	Added 1		
Zip	Country	Zip	Count	ry	-	8. This corporation owes the o	current vear	Intangible	
24	25	29	30	•		Personal Property Tax.	· · · · · · · · · · · · · · · · · · ·	☐ Yes	[]No
	9. Name and Address of Curro		1301			10. Name and Address of Ne	w Registere	d Agent	
	The state of the s		8	1 Nam	e				
MAN	INING, E.R.		L	_					
40 EAST 8TH ST.) 8	82 Street Ad		s (P.O. Box Number is Not Acce		}	
FRO:	STPROOF FL 33843		8	3				·	
			[
			8	4 City			F	85 Zip	Code
44-5	to the provisions of Sections 607.0	FOO 4 FOT 4509 Florida State	use the obe	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ed co noro	ation submit: this statement for			registered
office o re	egistered agent, or both, in the Stat	te o Florida. Such change was	authorized t	y the co	rporation's	s board of directors. I hereby ac	cept the app	ontment as re	gistered
agent. I ar	m familiar with, and accept the oblig	gations of, Section 607.0505, FI	crida Statut	es.					
SIGNATURE								- 	
	Signature, typed or printed name of registered a								
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14. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further ce tify 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 uncer 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 507, 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CER OR DIRECTOR