

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 268362

Entity Name: MANKO CO**Current Principal Place of Business:**815 SE 36TH LANE
OCALA, FL 34471**Current Mailing Address:**P.O. BOX 790
OCALA, FL 34478 US**FEI Number:** 59-0999683**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CAMP, KEVIN BPRES.
815
OCALA, FL 34478 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|----------------|
| Title | P |
| Name | CAMP, KEVIN B |
| Address | PO BOX 790 |
| City-State-Zip: | OCALA FL 34478 |

| | |
|-----------------|-----------------|
| Title | DVP |
| Name | SANDY, JOHN N |
| Address | 5175 SE 20TH ST |
| City-State-Zip: | OCALA FL 34471 |

| | |
|-----------------|---------------------|
| Title | DVP |
| Name | ELLIOTT, WALTER R |
| Address | 2124 SE 12TH STREET |
| City-State-Zip: | OCALA FL 34471 |

| | |
|-----------------|----------------|
| Title | STD |
| Name | CAMP, GENE B |
| Address | P.O. BOX 790 |
| City-State-Zip: | OCALA FL 34478 |

| | |
|-----------------|---------------------------------|
| Title | D |
| Name | CAMP, GAY |
| Address | 20079 E. PENNSYLVAINA AVE. 6 |
| City-State-Zip: | DUNNELLON FL 34432 |

| | |
|-----------------|--------------------|
| Title | D |
| Name | BOLTIN, LACEY |
| Address | 29820 DARBY RD. |
| City-State-Zip: | DADE CITY FL 33525 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN BRYANT CAMP**PRESIDENT****03/14/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date