

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000086311

**Entity Name:** MANTLE SECURITY OF NORTH FLORIDA INC**Current Principal Place of Business:**4541 ST. AUGUSTINE RD  
SUITE 5  
JACKSONVILLE, FL 32207**Current Mailing Address:**P.O. BOX 673  
HOLLISTER, FL 32147**FEI Number:** 45-3511380**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTER, TROY  
120 EAGERTON TRAIL  
PALATKA, FL 32177 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:** TROY REGISTER

07/19/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                         |
|-----------------|-------------------------|
| Title           | TREASURER               |
| Name            | REGISTER, SHAWN M       |
| Address         | P.O. BOX 673            |
| City-State-Zip: | HOLLISTER FL 32147-0673 |

|                 |                                  |
|-----------------|----------------------------------|
| Title           | PRESIDENT                        |
| Name            | PHILLIPS, RICKY D JR.            |
| Address         | 4541 ST. AUGUSTINE RD<br>SUITE 5 |
| City-State-Zip: | JACKSONVILLE FL 32207            |

*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:** RICKY PHILLIPS

PRESIDENT

07/19/2022

Electronic Signature of Signing Officer/Director Detail

Date