FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:22

DOCUMENT # **H12041** **(0)**

1. Corporation Name

MANNING BUILDING SUPPLIES OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
C/O JAMES H. CISSEL 10900 PHILLIPS HIGHWAY JACKSONVILLE FL 32256	C/O JAMES H. CISSEL 10900 PHILLIPS HIGHWAY JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/13/1984**
3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-2398136** ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CISSEL, JAMES H;.
10900 PHILLIPS HWY
JACKSONVILLE FL 32256

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	11 TITLE	☑ Change ☐ Addition
NAME	MANNING, KIRBY	12 NAME	
STREET ADDRESS	2204 N.E. 10TH STREET	13 STREET ADDRESS	1947 S.E. 37th CT. CIRCLE
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☑ Change ☐ Addition
NAME	KREISCHER, RALPH	22 NAME	
STREET ADDRESS	1400 S.W. 80TH STREET	23 STREET ADDRESS	4562 NE SIXTH STREET
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☑ Change ☐ Addition
NAME	RHODES, WILLARD	32 NAME	
STREET ADDRESS	10 WINTER STREET	33 STREET ADDRESS	SPEAR CEMETARY ROAD
CITY-ST-ZIP	MIDDLEBORO MA	34 CITY-ST-ZIP	READING, VT
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	CISSEL, JAMES H	42 NAME	
STREET ADDRESS	14 HOPSON ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	HOLZE, KAREN	52 NAME	
STREET ADDRESS	5904 CHEVY DR	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JAMES H CISSEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-95 (Date) 904/268-7000 (Daytime Phone #)

0081940 CP