

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 FEB 28 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000059765 (5)**

1. Corporation Name  
**MANI INDUSTRIES, INC.**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>08/11/1994</b>	3a. Date of Last Report
4. FEI Number <b>58-2135402</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under §, 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
<b>312 PLUM STREET THOMASVILLE GA 31792</b>		<b>312 PLUM STREET THOMASVILLE GA 31792</b>	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30
		25	

9. Name and Address of Current Registered Agent

**ALDERMAN, ELIZABETH  
944 6TH STREET W.  
RIVIERA BEACH FL 33404**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARD, CHARLIE JR.</b>	1.2 NAME	
STREET ADDRESS	<b>312 PLUM STREET</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>THOMASVILLE GA 31792</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARD, WILLARD</b>	2.2 NAME	
STREET ADDRESS	<b>312 PLUM STREET</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>THOMASVILLE GA 31792</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARD, LETA</b>	3.2 NAME	
STREET ADDRESS	<b>3007 SHAMROCK NORTH #10</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL 32308</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(b), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Willard Ward* **2/22/95** (412) 226-0454