

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 14 AM 9:58

DOCUMENT # 340393 (8)

1. Corporation Name

GEORGE T. MANN GENERAL CONTRACTOR, INC.

Principal Place of Business

2940 HANSON  
FT MYERS FL 33916

Mailing Address

2940 HANSON  
FT MYERS FL 33916

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/21/1969

3a. Date of Last Report

03/08/1994

4. FEI Number

59-1263142

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 109.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

22

State, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANN, GEORGE T  
1453 SANDRA DRIVE  
FT. MYERS FL 33901

81 Name George T. MANN, JR.

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 each of the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

*George T. Mann, Jr.*

(All Registered Agent signature required when making change)

3-3-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                       |
|----------------|-----------------------|
| TITLE          | PD                    |
| NAME           | MANN, GEORGE T., JR.  |
| STREET ADDRESS | 1453 SANDRA DR.       |
| CITY-STATE-ZIP | FT. MYERS FL          |
| TITLE          | VD                    |
| NAME           | MANN, GEORGE T.       |
| STREET ADDRESS | 3934 W. RIVERSIDE DR. |
| CITY-STATE-ZIP | FT. MYERS FL          |
| TITLE          | STD                   |
| NAME           | MANN, BARBARA B       |
| STREET ADDRESS | 3934 W. RIVERSIDE DR. |
| CITY-STATE-ZIP | FT. MYERS FL          |
| TITLE          | VD                    |
| NAME           | MANN, JENA L          |
| STREET ADDRESS | 1453 SANDRA DR        |
| CITY-STATE-ZIP | FT. MYERS FL          |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-STATE-ZIP |                       |

|                   |                                                                              |
|-------------------|------------------------------------------------------------------------------|
| 1. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1. NAME           |                                                                              |
| 1. STREET ADDRESS |                                                                              |
| 1. CITY-STATE-ZIP |                                                                              |
| 2. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2. NAME           |                                                                              |
| 2. STREET ADDRESS |                                                                              |
| 2. CITY-STATE-ZIP |                                                                              |
| 3. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3. NAME           |                                                                              |
| 3. STREET ADDRESS |                                                                              |
| 3. CITY-STATE-ZIP |                                                                              |
| 4. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4. NAME           |                                                                              |
| 4. STREET ADDRESS |                                                                              |
| 4. CITY-STATE-ZIP |                                                                              |
| 5. TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5. NAME           | MANN, George T, III                                                          |
| 5. STREET ADDRESS | 1453 SANDRA DRIVE                                                            |
| 5. CITY-STATE-ZIP | FOETMYERS, Fla 33901                                                         |
| 6. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6. NAME           |                                                                              |
| 6. STREET ADDRESS |                                                                              |
| 6. CITY-STATE-ZIP |                                                                              |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 12 or Block 13 if changed, or appears in attachment with an address.

SIGNATURE:

*Jena L Mann*  
JENA L MANN

(Signature and typed or printed name of signing officer or director)

3-3-95

813-334-3742