

FILE NOW: FILING FEE AFTER MAY 1 IS \$2.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 481360 (6)

1. Corporation Name

MANN MECHANICAL SERVICES, INC.

Principal Place of Business

4728 GULF BREEZE PKWY
P. O. BOX 772
GULF BREEZE FL 32562-7772

Mailing Address

4728 GULF BREEZE PKWY
P. O. BOX 772
GULF BREEZE FL 32562-0772
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MANN, VESTA O.
122 GILMORE DRIVE
GULF BREEZE FL 32561

3. Date Incorporated or Qualified

07/29/1975

3a. Date of Last Report

05/01/1995

4. FET Number

59-1615747

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

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

I, the named corporation, submit 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

SIGNATURE

Signature, typed or printed name of registered agent, and firm if applicable

Date

Agent signature required when registration of

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MANN, WILLIAM L.
122 GILMORE DR.
GULF BREEZE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MANN, ROBERT C.
120 SAN CARLOS AVE.
GULF BREEZE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MANN, VESTA O.
122 GILMORE DR.
GULF BREEZE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and
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 or person
appears in Block 12 or Block 13 is changed, or on an attachment with an address

SIGNATURE:

William L. Mann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM L. MANN

4/25/96 (904) 932-5328