

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mori  
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  
24 Country  
25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29

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. FEI Number: **59-1615747**

5. Certificate of Status Desired:  Applied For,  Not Applicable. **\$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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned 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: \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable.

Agent signature required when registered office or agent is changed. DATE: \_\_\_\_\_  
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MANN, WILLIAM L.	
STREET ADDRESS	122 GILMORE DR.	
CITY- ST- ZIP	GULF BREEZE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MANN, ROBERT C.	
STREET ADDRESS	120 SAN CARLOS AVE.	
CITY- ST- ZIP	GULF BREEZE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MANN, VESTA O.	
STREET ADDRESS	122 GILMORE DR.	
CITY- ST- ZIP	GULF BREEZE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
7	STREET ADDRESS	
8	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME	
11	STREET ADDRESS	
12	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	NAME	
15	STREET ADDRESS	
16	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 on an attachment with an address.

SIGNATURE: *William L. Mann* **WILLIAM L. MANN** 4/25/96 (904) 932-5328  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)