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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **481360** **(6)**

1. Corporation Name
MANN MECHANICAL SERVICES, INC.

Principal Place of Business	Mailing Address
4728 GULF BREEZE PKWY P. O. BOX 772 GULF BREEZE FL 32562-7772	4728 GULF BREEZE PKWY P. O. BOX 772 GULF BREEZE FL 32562-0772 US

3. Date Incorporated or Qualified: 07/29/1975
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business	2a. Mailing Address
21 MANN MECHANICAL SERVICES	26 MANN MECHANICAL SERVICES
Suite, Apt. #, etc. 22 300 N. TARRAGONA STREET	Suite, Apt. #, etc. 27 P. O. BOX 772
City & State 23 PENSACOLA, FLORIDA	City & State 28 GULF BREEZE, FLORIDA
Zip / Country 24 32501 / 25 ESCAMBIA	Zip / Country 29 32562-0772 / 30 SANTA ROSA

4. FEI 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MANN, VESTA O. 122 GILMORE DRIVE GULF BREEZE FL 32561	81 Name: MANN, DAVID N. 82 Street Address (P.O. Box Number is Not Acceptable): 2030 FILLY RD. 83 84 City: CANTONMENT FL 85 Zip Code: 32533

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 duties and responsibilities of, Section 607.0505, Florida Statutes.

SIGNATURE: *William L. Mann* DAVID MANN
Signature of, & typed or printed name of registered agent and title if applicable
WILLIAM L. MANN (NOTE: Registered Agent signature required when reinstating)
3/19/97 DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MANN,WILLIAM L. 122 GILMORE DR. GULF BREEZE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MANN,ROBERT C. 120 SAN CARLOS AVE. GULF BREEXE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MANN,VESTA O. 122 GILMORE DR. GULF BREEZE FL	XX DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S MANN, DAVID N. 2030 FILLY ROAD CANTONMENT, FL 32533	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William L. Mann* WILLIAM L. MANN 3/19/97 (904)432-4556