

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **481360** (6)
1. Corporation Name
MANN MECHANICAL SERVICES, INC.

Principal Place of Business MANN MECHANICAL SERVICES 300 N TARRAGONA ST PENSACOLA FL 32501 US	Mailing Address MANN MECHANICAL SERVICES P.O BOX 772 GULF BREEZE FL 32562-0772 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/29/1975	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1615747	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MANN, DAVID N. 2030 FILLY RD CANTONMENT FL 32533		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MANN, WILLIAM L.	1.2 NAME	MANN, WILLIAM L.
STREET ADDRESS	122 GILMORE DR.	1.3 STREET ADDRESS	418 WARWICK
CITY-ST-ZIP	GULF BREEZE FL	1.4 CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	V	2.1 TITLE	
NAME	MANN, ROBERT C.	2.2 NAME	MANN, ROBERT C.
STREET ADDRESS	120 SAN CARLOS AVE.	2.3 STREET ADDRESS	411 WILLIAMSBURG DRIVE
CITY-ST-ZIP	GULF BREEZE FL	2.4 CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	S	3.1 TITLE	
NAME	MANN, DAVID	3.2 NAME	
STREET ADDRESS	2030 FILLY RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 in an attachment with an address.

SIGNATURE:

William L Mann

PRESIDENT

3/5/98

850 432-4556

CR2E034 (10/97)