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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 12 1998 8:00am Secretary of State

·	1998	DIVISION OF C	CORPORATIONS]	
	MENT # 58503 MAN DISTRIBUTORS, INC.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \)	11)
Disable of Disa	10	11-5			(i
Principal Place		Mailing Address			
3214 W. THARPE ST. 3214 W. THARPE ST. TALLAHASSEE FL 32303 TALLAHASSEE FL 32305		1			
				DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified 09/01/1978	
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1848816	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22 27			S. Continuate of Status Desired	Fee Required	
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Z _{ID}	Country	28] Zip	Country	Trust Fund Contribution B. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre			10. Name and Address of New Regist	ered Agent
	DOD, GEORGE A. JR.		81 Name		
1809 MORNING STAR LANE			82 Street	Address (P.O. Box Number is Not Acceptable)	
TA	LLAHASSEE FL 32312		83		·
			63		
			84 City		FL 85 Zip Code
11 Pursuant	o the provisions of Sections 607 050	02 and 607 1508. Florida Statut	es the above-named	corporation submits this statement for the purp	
office or r	egistered agont, or both, in the State	o of Florida. Such change was a	authorized by the corp	corporation submits this statement for the purpoporation's board of directors. I hereby accept the	e appointment as registered
SIGNATURE	triamina with and accept the oblig	principal (ii), Secretifi Got, Good, i ii	SHOB SIBIOISS.		
SIGNATURE	Signature, typod or printed name of registered ap	ent and lete diappticable (NOT	E: Registered Agent signature		ATE
12.		VD DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	WOOD, GEORGE A. JR.	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME OTOTAL ADDOLOG	1809 MORNING STAR LANE	:	12 NAME		
STREET ADDRESS CITY-ST-ZIP	TALLAHASSEE FL	•	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE	P	DELETE	2.1 TITLE		X Change Addition
NAME	WOOD, RUSSELL Y.		2.2 NAME		
STREET ADDRESS	RT 2 BOX 609		2.3 STREET ADDRESS	3126 FAIRBANKS FERRY ROA	vD.
CITY-ST-ZIP	HAVANA FL		2.4 CITY-ST-ZIP	HAVANA, FL 32333	
TITLE	ST	DELETE	3 1 TITLE		Change Addition
NAME	WOOD, JOAN S		3.2 NAME		
STREET ADDRESS	RT 2 BOX 609		3.3 STREET ADDRESS	3126 FAIRBANKS FERRY ROA	VD
CITY-ST-ZIP	HAVANA FL	Ditt	3.4. CITY-ST-ZIP	HAVANA, FL 32333	Change Littling
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-St-Zip		
TITLE		DELFTE	5.1 TITLE		Change Addition
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		The Asia for 2 days and 1 and 7	6.4 CITY-ST-ZIP	d in Section 119.07(3)(i). Florida Statutes. I furth	
I I DEFENV C	word day the mickmation subblied v	viid diis niino dões noi niiality ti	or trie exemblion state	iu in oecuon T19.0733311. Florida Statules. I fulti	INI PRINTED INTOLUSION

4. I hereby certify that the information supplied with this filling 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 regervier 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 chapped, or on annutation and the properties of the corporation of the corporation of the regervier of the corporation.

SIGNATURE:

SoarWhood

JOAN S. WOOD

1/13/98

850-576-4176

HZE034 (10/97