FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FEORIDA DEPARTMENT OF STATE Sandra B. Morthani

	1996	4 	cretary of State OF CORPORATIONS		
DOCU 1. Corporation	MENT # 69121	10 (9)			
MANN	ING MANAGEMENT, INC.				
				I HA BIHA BIHA HANDI HANDI HANDI HANDI HA	IN ARAN SURVI ANAN ROBUS ROBUS ROBUS ROBUS ANAN ANAN
Principal Place	of Rupinose				
Principal Place of Business 3032 JASMINE ROAD MONTGOMERY AL 36111		Mailing Address 3032 Jasmine Road MONTGOMERY AL 36111			
				3. Date Incorporated or Qualified	3a. Date of Last Report
				06/19/1981	05/01/1995
Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Surte, Apt. #, etc.		Suite, Apt #, etc.		63-0815047	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Crty & State	9	City & State		6. Election Campaign Financing	55.00 May Be
Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	29	30 Coarray	8. This corporation has liability for Florida Statutes Yes	intangible tax under s=199.032, ☐ No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New F	
DACE	M41 001 14		81 Name		
PAGE, MALCOLM 69 MEIGS DRIVE			82 Street Ad	dress (P.O. Box Number is Not Acceptat	le)
	IAR FL 32579		83		
			84 City		FL 85 Zip Code
or register	o the provisions of Sections 607,0502 ed agent, or both, in the State of Flori	2 and 607.1508, Florida Sta da. Such change was autho	tutes, the above named corporation's bo	oration submits this statement for the pur ard of directors. Thereby accept the appe	pose of changing its registered office
	th, and accept the obligations of, Sect	tion 607.0505, Florida Statu	tes.	a del circuloscoro. Entotetry procept the application	antitre it as registered agent. Lam
	Signature, typed or printed name of registered a per-	ea o tirle it applicable	NOTE Fregulated Agent signal or ne pa	teed without rein staterign	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFF	
NAME	MANNING, LARRY C	DECETE	1 : HILE 12 NAME		☐ Change ☐ Addition
STREET ADDRESS	3032 JASMINE ROAD		13 STREET ADDRESS		
C(T) - \$1 - Z(P	MONTGOMERY AL		1.4.0HY-SI-ZIP		
TITLE	VS	Det ETE	2 1 THTLE		Change Addition
NAME STREET ADDRESS	MANNING, BARBARA J 3032 JASMINE ROAD		5.5 M7WF		
City-St-Zip	MONTGOMERY AL		2.3 STREET ADDRESS		
TI*LF		[] DELETE	2.4 C/TY-S1-ZP 3.1 T/TLE		Change Addition
NAME			3.2 NAME		☐ Average ☐ velocited
STREET ADDRESS			3.3 STREET ADDRESS		
CHY ST-ZIP		DELETE	3.4 CHY ST-7IP		
NAME		C) nerels	4 1 BTUE 4 2 NAME		☐ Change ☐ Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-7iP			4.4 CiTY - \$1 - ZiP		
T TLF		☐ DELET i	5 1 116		☐ Change ☐ Addition
NAME STREET ADDRESS			5.2 NAME		
OITY - ST-ZIF			5.3 STREET ADDRESS		
™.€		☐ D€\€TE	54 CITV - ST - ZIP 6 - TITLE		Change Addition
NAME			6.2 NAME		C over do C Vergini),
STREET ADDRESS			6.3 STREET ADDRESS		
City - ST - ZiP					I

certify that the information indicated on this acrual report or supplemental number of and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this acrual report or supplemental number people is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officiary 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 of Block 13 if changed, by on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER ON DIRECTION OF SIGNING OFFICER OFFICER

de Daytino Prior di

CR2E034 (12/95)