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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 691210

(9)

MANNING MANAGEMENT, INC.

Principal Place of Business Mailing Address] - 1 160110 01110 10101 67018 14001 11011 9011 3) 9 0 0 6		J18(1 H0)
3032 JASMINE ROAD MONTGOMERY AL 36111		3032 JASMINE ROAD MONTGOMERY AL 36111-	3032 JASMINE ROAD MONTGOMERY AL 36111-1112						
						3. Date Incorporated or Qualified 06/19/1981	3a. Date 03/07		eport
2. Principa: Pl	ace of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number		Ap	plied For
21		26	· · · · · · · · · · · · · · · · · · ·			63-0815047			t Applicable
Suite : Apt 22]	#, etc 	Suite, Apt. #, etc.	27			5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State		City & State	 1			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Ζφ 24]	Country 25	Ζφ 29	30 Cou	intry		This corporation has liability for left for	ntangible tax		199.032,
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Reg	jistered Ag	ent	***************************************
PAG	E, MALCOLM			81	Name				
	NÉIGS DRIVE LIMAR FL 32579		82 Street Add		Street Addres	ss (P.O. Box Number is Not Acceptable	e)		
SILA	LIMPAN FL 323/8			83		141 - W P - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 -			
	•			64	City		EI T	85 Zip (Zode
44 Darantons I	to the Arminismo of Continuo COT OF	02 and 607 1600 Florida Statu	loe the ol		namad narna	ration submits this statement for the pr	FL	analna it	
office or n	egistered agent, or both, in the Sta	le of Florida. Such change was	authorized	d by	the corporatio	in's board of directors. I hereby accep	t the appoin	tment as	registered
agent fai	m familiar with, and accept the obli	gations of, Section 607.0505, Fi	orida Stat	utes	•				
SIGNATURE	Significant gradier productions collegistered a	cent and little diapplicable (NC)	IE: Beo-sterer	d Ager	nt signature required	(when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND D	RECTOR	S IN 12
TITLE	PT	DELETE	1 1 T)	TLE				Change	Addition
NAME	MANNING, LARRY C		1.2 N/	AME					
STREET ADDRESS	3032 JASMINE ROAD		1.3 \$1	REET	ADDRESS				
CITY - ST - ZIP	MONTGOMERY AL		14 CI	TY-\$1	- ZIP		*		
Total	V\$	☐ DELETE	2 1 TI	TLE				Change	Addition
NAM5	MANNING, BARBARA J		2 2 N/	AME	İ				
STREET ADDRESS	3032 JASMINE ROAD		2.3 ST	REET	ADDRESS				
CHY-ST-Z@	Montgomery al.		2 4 C	ITY-S	T- Z IP				
TIT F		DELETE	31 Ti	TLE				Change	Addition
NAME			3 2 N/	AME	Ì				
STREET ADDRESS			3.3 ST	REET	address				
CHY-ST-ZIP			3 4. C	ITY-S	T-ZIP				
TIFLE		DELETE	4 1 TJ	TLE] Change	☐ Addition
NAME			4.2 N	AME	1				
STREET ADDRESS.			4.3 ST	REET	ADDRESS				
CITY-ST 7 P			4 4 CI	1Y-S1	- ZIP				
TILE		☐ DELETE	5.1 TI	TLE				Change	Addition
NAME			5 2 N/	AME					
STREET ADDRESS					address				
CHY+\$1+718			5.4 CI		- ZIP	***************************************		Г <u>а</u>	
TIFLE		☐ DELETE	6 1 TI	TLE			L] Change	Addition
NAME			6.2 N	AME					
STREET ADDRESS			6351	REET	ADDRESS				
CITY - ST. ZP			6.4 CI	1Y-\$1	- ZIP				

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 are an officer or director of the compiration 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 changed, or on an attachment an address.