

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F35236** (1)  
1. Corporation Name  
**JAMES W. MCMANUS, INC.**

Principal Place of Business <b>% JAMES W MCMANUS 515 SAN SALVADOR DRIVE DUNEDIN FL 34698</b>	Mailing Address <b>% JAMES W MCMANUS 515 SAN SALVADOR DRIVE DUNEDIN FL 34698</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/18/1981</b>		3a. Date of Last Report <b>02/01/1996</b>	
4. FEI Number <b>59-2099324</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 <b>% 1497 MAIN STREET</b> Suite, Apt. #, etc. 22 <b>SUITE 245</b> City & State 23 <b>DUNEDIN, FL</b> Zip 24 <b>34698</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>1497 MAIN STREET</b> Suite, Apt. #, etc. 27 <b>SUITE 245</b> City & State 28 <b>DUNEDIN, FL</b> Zip 29 <b>34698</b> Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent <b>MCMANUS, JAMES W 515 SAN SALVADOR DRIVE DUNEDIN FL 33528</b>		10. Name and Address of New Registered Agent 81 Name <b>MCMANUS, JAMES W.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1497 MAIN STREET</b> 83 <b>SUITE 245</b> 84 City <b>DUNEDIN</b> <b>FL</b> 85 Zip Code <b>34698</b>	
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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 James W. McManus (NOTE: Registered Agent signature required when reinstating) DATE 9/8/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VTD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMANUS, SHIRLEY A</b>	1.2 NAME	
STREET ADDRESS	<b>515 SAN SALVADOR DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMANUS, JAMES W</b>	2.2 NAME	
STREET ADDRESS	<b>515 SAN SALVADOR DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 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 James W. McManus DATE 9/8/97

CR2E034 (4/97)