

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

25 MAY -1 AM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F57951

(8)

1. Corporation Name

MANNING ENTERPRISES, INC.

Principal Place of Business

320 SOUTHEAST 3RD COURT
POMPANO BEACH FL 33060

Mailing Address

320 SOUTHEAST 3RD COURT
POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/10/1981

3a. Date of Last Report
02/07/1994

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2146358

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under C. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANNING, WARREN E
320 SE 3RD CT
POMPANO BCH, FL
33060

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when running)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME

PD
MANNING, WARREN E.
320 SE 3RD CT
POMPANO BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

SD
MANNING, CLAIRE
320 SE 3RD CT
POMPANO BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

10.1 TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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

W. E. Manning

W. E. MANNING

4/26/95

205 782-4930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #