

3-15-95 B-2158-C
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 MAR 15 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **G37746** (6)
 1. Corporation Name
MANBAR, INC.

Principal Place of Business: 308 N. 12TH ST. DADE CITY FL 33525
 Mailing Address: 308 N. 12TH ST. DADE CITY FL 33525

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: 21 14406 12th Street, 22 Suite, Apt. #, etc., 23 Dade City, Fla., 24 33525, 25 Pasco
 2a. Mailing Address: 26 14406 12th Street, 27 Suite, Apt. #, etc., 28 Dade City, Fla., 29 33525, 30 Pasco

3. Date Incorporated or Qualified: 05/10/1983
 3a. Date of Last Report: 02/03/1994
 4. FEI Number: 59-2288484
 5. Certificate of Status Desired: \$9.75 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 S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
GREENFELDER, GLEN E., ATTY AT LAW
103 N. THIRD ST.
DADE CITY FL 33525

10. Name and Address of New Registered Agent
 81 Name: **Greenfelder, Glen E., Attny At Law**
 82 Street Address (P.O. Box Number is Not Acceptable): **14217 Third Street**
 84 City: **Dade City, FL** 85 Zip Code: **33525**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDER, A R III	1.2 NAME	
STREET ADDRESS	14402 OLD MISSION RD	1.3 STREET ADDRESS	
CITY- ST- ZIP	DADE CITH FL	1.4 CITY- ST- ZIP	
TITLE	DV	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDER, A. R., JR.	2.2 NAME	Mander, A.R., JR.
STREET ADDRESS	305 LAYTON DR.	2.3 STREET ADDRESS	37411 Layton Dr.
CITY- ST- ZIP	DADE CITY FL	2.4 CITY- ST- ZIP	Dade City, Fla 33525
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDER, DEANNA B.	3.2 NAME	
STREET ADDRESS	14402 OLD MISSION RD.	3.3 STREET ADDRESS	
CITY- ST- ZIP	DADE CITY FL	3.4 CITY- ST- ZIP	
TITLE	DT	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARDIN, KATHARINE T.	4.2 NAME	Bardin, Katharine T.
STREET ADDRESS	308 N. 12TH ST.	4.3 STREET ADDRESS	14406 12th Street
CITY- ST- ZIP	DADE CITY FL	4.4 CITY- ST- ZIP	Dade City, Fla. 33525
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDER, FRANCES B.	5.2 NAME	Mander, Frances B.
STREET ADDRESS	305 LAYTON DRIVE	5.3 STREET ADDRESS	37411 Layton Dr.
CITY- ST- ZIP	DADE CITY FL	5.4 CITY- ST- ZIP	Dade City, Fla. 33525
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A R Mander III A.R. MANDER III 2-5-95 904-567-0461
 SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date (Day/Month/Year)