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FILED
Feb 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **H05854**

(5)

1. Corporation Name

THE L. C. MANN CORPORATION

Principal Place of Business

**323 ARLINGTON RD
JACKSONVILLE FL 32211**

Mailing Address

**323 ARLINGTON RD
JACKSONVILLE FL 32211**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1984

4. FEI Number

59-2593165

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MANN, L. CHARLES
6427 WALTHO DRIVE
JACKSONVILLE FL 32211**

81 Name

**Charles L. Mann
323 Arlington Rd**

82

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

83

84

City

Jacksonville

FL

85 Zip Code

32211

10. Name and Address of New Registered Agent

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

L. Charles Mann

(NOTE: Registered Agent signature required when reinstating)

DATE

2-18-98

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE
NAME **MANN, L. CHARLES**
STREET ADDRESS **6427 WALTHO DR.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **STD** ☐ DELETE
NAME **HAYES, CAROLINE**
STREET ADDRESS **323 ARLINGTON ROAD**
CITY-ST-ZIP **JACKSONVILLE, F**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Charles L. Mann**
1.3 STREET ADDRESS **323 Arlington Rd**
1.4 CITY-ST-ZIP **Jacksonville, FL 32211**

2.1 TITLE **Secretary** ☒ Change ☐ Addition
2.2 NAME **Caroline Hayes Mann**
2.3 STREET ADDRESS **323 Arlington Rd**
2.4 CITY-ST-ZIP **Jacksonville, FL 32211**

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

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

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

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

14. I 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:

L. Charles Mann

2-18-98

CP2E034 (10/97)