FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS J68661 DOCUMENT # (4)MANION & ASSOCIATES, INC. Principal Place of Business Mailing Address 4302 EAST 10TH AVE 4302 EAST 10TH AVE SUITE 304 BLDG C SUITE 304 BLDG C TAMPA FL 33605 TAMPA FL 33605 3. Date Incorporated or Qualified 3a. Date of Last Report 04/20/1987 02/16/1995 2. Principal Place of Business 4. FEI Number Applied For Not Applicable 21 SOOB W LINEBAUGH \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be ORIOA Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MANION, WILLIAM J. Street Address (P.O. Box Number is Not Acceptable) 82 14128 FENNSBURY DR. **TAMPA FL 33624** 83 City 84 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, typed or printed name of registered agent and tire if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (12/95) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 POD DELETE TILLE 1. 1 TITLE ☐ Change ☐ Addition MANION, WILLIAM J. NAME 1.2 NAME 14128 FENNSBURY DR. STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CHIY-ST-ZIP 14 CHY-ST-ZIP THE ☐ DELETE 2.1 HH F ☐ Change ☐ Addition MANION, MARTHA C. NAME 2.2 NAME 14128 FENNSBURY DR. STREET ADDRESS. 2.3 STREET ADDRESS TAMPA FL CHY-S1-ZIF 2 4 CITY-ST-ZIP THE ☐ DELETÉ ☐ Change 3 1 TITLE Addition NAME 3 2 NAME STREET ADDRESS 33 STREET ADDRESS CHY-ST-7P 3 4 CITY - ST - ZIP 11'16 DELETE 4 1 TITLE Change ☐ Addition NAME 42 NAME STREET ADDRESS 4.3 STREET ADDRESS C-TY-\$1-70P 4.4 CITY-ST-ZIP THILE DELETE 5 1 TITLE ☐ Change ■ Addition NAM: 52 NAME STREET ADDRESS 5.3 STREET ADDRESS Cathi-St. Zip 5 4 CITY - ST-ZIP THELE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME

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 eath; 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.

6.3 STREET ADDRESS

64 CITY-ST-7IP

SIGNATURE: Marion L. J. MANION
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

STREET ADDRESS.

CITY ST-ZIP

3=5-96

813-962-6500