PROFIT CORPORATION ANNUAL REPORT ″1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90060 024 ***150.00

MANION & ASSOCIATES, INC.						-11 61611 1681
Principal Place of Business	Mailing Address				INEI OISII NENEI OINII SE	OLI DIGIL 100 1
5008 W LINEBAUGH AVE	5008 W LINBAUGH AVE					
SEE 24	STE 24			DO MOT MOTE IN T		
TAMPA FL 33624	TAMPA FL 33624			DO NOT WRITE IN T	HIS SPACE	
US	U\$			3. Date Incorporated or Qualifed		
				04/20/1987	1.1.	P-15
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	 	lied For
21	26			59-2804352	\$8.75 A	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	JO./J A	
	City & State				···· ··· · · · · · · · · · · · · · · ·	<u>. </u>
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	
23 Country	28 Zip	Coun	tn/			1 550
Zip Country		_	· · J	 This corporation owes the current year Personal Property Tax. 		□No
9. Name and Address of Co		30		10. Name and Address of New Register		
5. Name and Address of Ci	minent Vedistored Whent		81 Name			
MANION, WILLIAM J.						
14128 FENNSBURY DR.		[1	B2 Street Add	lress (P.O. Box Number is Not Acceptable)		
TAMPA FL 33624		\- -	83			
, , , , , , , , , , , , , , , , , , , ,		[63			
		ļ.	84 City		85 Zip C	
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11. Pursuant to the provisions of Sections 607	7.0502 and 607.1508, Florida Statute State of Florida, Such change was au	s, the about thorized	ove-named corporati	poration submits this statement for the purposion's board of directors. I hereby accept the a	e of changing its r ppointment as req	istered
agent. I am familiar with, and accept the o	obligations of, Section 607.0505, Flori	ida Stat⊔t	tes.		The state of the state of	C 4 25 #
SIGNATURE						
Signature, typed or printed name of registers	ed agent and title if applicable. (NOTE:		gent signature require		 	
12	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE POD	☐ DELETE	1.1 TITL			☐ Change	☐ Addition
NAME 🐧 MÂNION, WILLIAM J.	•	1.2 NAM	AE			,
STREET ADDRESS 14128 FENNSBURY DR.		1.3 STR	EET ADDRESS			ļ.
CITY-ST-ZIP TAMPA FL .			I			
TITLE ST		1.4 CITY	r-ST-ZIP			_
NAME MANION, MARTHA C.	☐ DELETE	1.4 CITY 2.1 TITL			Change	Addition
STREET ADDRESS 14128 FENNSBURY DR.	DELETE		E	<u> </u>	Change	Addition
	☐ DELETE	2.1 TITL 2.2 NAM	E		Change	Addition
L COV. ST. ZID L L TAMPA PI	☐ DELETE	2.1 TITL 2.2 NAM 2.3 STR	LE AE BEET ADDRESS	-	Change	☐ Addition
CITY-ST-ZIP TAMPA FL	☐ DELETE	2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT	E AE EET ADDRESS Y-ST-ZIP		. Change	Addition
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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, with all other like empowered.

SIGNATURE: