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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # K34335** 

(5)

MANUFACTURERS CONSULTANTS, INC.  Principal Place of Business  Mailing Address  103 RIVA RIDGE HENDERSONVILLE TN 37075  HENDERSONVILLE TN 37075							
U\$		U\$	·	3. Date Incorporated or C	Qualified 3a. D	ate of Last Re	port
				09/23/1988		/05/1996	
2. Principa! Pla	ace of Business	2a. Mailing Address		4. FEI Number		<u> </u>	lied For
1	ш	26	······	59-2905975			Applicable
Suite_Apt.#	#, EIC.	Suite, Apt. #, etc.		5. Certificate of Status De	sired	\$8.75 Ac	
City & State	· ····································	City & State	······································	6. Election Campaign Fine	ancino	\$5.00 N	
3		26		Trust Fund Contribution		Added to	
Zφ	Country	Zip	Country	8. This corporation has lia	ability for intangible	e tax under s.	199.032,
4	25	29	30	Florida Statutes	Yes		
	9. Name and Address of Cu	urrent registered Agent	81 Name	10. Name and Address of	I HAM LAGISTOLOG	vāsur	<del></del>
	S, WILLIAM L., JR.						
221 NORTH CAUSEWAY NEW SMYRNA BEACH FL			82 Street Add	dress (P.O. Box Number is Not Acceptable)			
t4E44	MININ DENOTITE		83	······································	<del></del>		
			84 City		·	ne Zio C	odo
			64 City		Fl	85 Zip C	ODE :
11. Pursuarit to	o the provisions of Sections 607	7.0502 and 607.1508, Florida Statu	tes, the above-named cor	poration submits this statemen	t for the purpose of	of changing its	registered egistered
office or re agent ∃am	egistered agent, or both, in the t in familiar with, and accept the c	State of Florida, Such change was obligations of, Section 607,0505, Fl	autnorized by the corpora lorida Statutes.	ation's board of directors. I here	eby accept the ap	,	•
office or re agent ± arr							
office or re agent I am SIGNATURE	Signature, typics or printed name of registers	ed agent and title if applicable (NO	TE Registered Agent signature requ	uired when reinstating)	DATE		
office or re agent I am SiGNATUREs 12.	Signature Type3 or printed name of register OFFICERS	ed agent and title if applicable (NO S AND DIRECTORS	TE Registered Agent signature requ		DATE		
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED WANTE OF STONING OFFICER OR DIRECTOR

2-7-97 415 824-33

**FILED** 

Feb 12 1997 8:00am

Secretary of State