

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **L69577** (9)

MANNING BUILDING SUPPLIES OF ST. AUGUSTINE, INC.

APR 19 1996

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Office Location		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
7 SAN BARTOLA DRIVE ST. AUGUSTINE FL 32086		7 SAN BARTOLA DRIVE ST. AUGUSTINE FL 32086		04/30/1990	04/13/1994
2. Principal Office Location	2a. Mailing Address	4. FFI Number	5. Certificate of Status Desired		
21	26	59-3002944	☐ \$8.75 Additional Fee Required		
22	27	6. Election Campaign Financing			
23	28	☐ \$5.00 May Be Added to Fees			
24	25	29	30	9. Does corporation comply with Florida Statutes under 19.12, 19.13, 19.14?	
				☒ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TRAVIS, WILLIAM B., JR. 7 SAN BARTOLA DRIVE ST. AUGUSTINE FL 32086		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	
		FL 85. Zip Code	

11. I, the undersigned, the president of Manning Building Supplies of St. Augustine, Inc., a Florida corporation, hereby certify that the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as permitted by the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent for the corporation and agree to comply with the provisions of the Florida Statutes.

SIGNATURE

Print Name, Title, and Address of Agent and of Corporation (Do Not Leave Blank)

12. CURRENT REGISTERED AGENTS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	D CISSEL, JAMES JH. 2008 OCEAN DR. SO. JACKSONVILLE FL	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY	D MANNING, KIRBY W. 530 N.W. FIRST AVE. OCALA FL	CITY	☐ Change ☐ Addition
NAME	D KREISCHER, RALPH 1400 S.W. 80TH ST. OCALA FL	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY	D RHODES, WILLARD 660 SW 80TH ST OCALA FL	CITY	☐ Change ☐ Addition
NAME	D ZILLER, JOSEPH F. 502 B ST. ST. AUGUSTINE FL	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY	D TRAVIS, WILLIAM B., JR. 3681 CRAZY HORSE TRAIL ST. AUGUSTINE FL	CITY	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	

14. I, the undersigned, certify that the undersigned is qualified with the above corporation, and is qualified for the execution of the duties of a registered agent. I hereby certify that the undersigned is qualified with the above corporation, and is qualified for the execution of the duties of a registered agent. I hereby certify that the undersigned is qualified with the above corporation, and is qualified for the execution of the duties of a registered agent.

SIGNATURE:

William B. Travis Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William B. Travis Jr.

4/28/95 904-825-1106