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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **L69577** **(9)**

1. Corporation Name
MANNING BUILDING SUPPLIES OF ST. AUGUSTINE, INC.

Principal Place of Business	Mailing Address
ONE COKE ROAD ST. AUGUSTINE FL 32086 US	ONE COKE ROAD ST. AUGUSTINE FL 32086-5765 US

3. Date Incorporated or Qualified: **04/30/1990**
3a. Date of Last Report: **04/23/1996**
4. FEI Number: **59-3002944** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business — 21 ; Suite, Apt. #, etc. 22 ; City & State 23 ; Zip 24 ; Country 25
2a. Mailing Address — 26 ; Suite, Apt. #, etc. 27 ; City & State 28 ; Zip 29 ; Country 30

9. Name and Address of Current Registered Agent

TRAVIS, WILLIAM B., JR.
7 SAN BARTOLA DRIVE
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1 COKE ROAD
83
84 City FL 85 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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CISSEL, JAMES JH.	
STREET ADDRESS	2008 OCEAN DR. SO.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	MANNING, KIRBY W.	
STREET ADDRESS	530 N.W. FIRST AVE.	
CITY-ST-ZIP	OCALA FL	
TITLE	D	☐ DELETE
NAME	KREISCHER, RALPH	
STREET ADDRESS	1400 S.W. 80TH ST.	
CITY-ST-ZIP	OCALA FL	
TITLE	D	☐ DELETE
NAME	RHODES, WILLARD	
STREET ADDRESS	660 SW 80TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE	D	☐ DELETE
NAME	ZILLER, JOSEPH F.	
STREET ADDRESS	502 B ST.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	☐ DELETE
NAME	TRAVIS, WILLIAM B., JR.	
STREET ADDRESS	3661 CRAZY HORSE TRAIL	
CITY-ST-ZIP	ST. AUGUSTINE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

CR2E034 (9/96)

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: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017295