



FILED
Apr 03, 2003 8:00 am
Secretary of State

1882-83 25

DOCUMENT # P01000098920				Secretary of State																									
1. Entity Name MOCK & MANN, INC.				04-03-2003 90141 015 ***150.00																									
Principal Place of Business 1709 ST. JOHNS BLUFF RD. N. JACKSONVILLE FL 32225		Mailing Address 1709 ST. JOHNS BLUFF RD. N. JACKSONVILLE FL 32225																											
2. Principal Place of Business		3. Mailing Address		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State		4. FEI Number NOT APPLICABLE																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																									
BEARDSLEY, DALE A ESQ 4595 LEXINGTON AVE., #100 JACKSONVILLE FL 32210-2058				Name COREY B. MANN																									
				Street Address (P.O. Box Number is Not Acceptable) 1709 ST. JOHNS BLUFF ROAD N.																									
				City JACKSONVILLE																									
				FL Zip Code 32226																									
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																													
SIGNATURE  DIRECTOR				3/31/03																									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE: 		3/3/03		904-641-1537																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #																									