

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P35859** (8)

1. Corporation Name
JOHN P. MACMANUS COMPANY



Principal Place of Business: ~~1270 N. EGLIN PKWY - STE F - SHALIMAR FL 32579 US~~
Mailing Address: **PO BOX 475 - SHALIMAR FL 32579 - US**

3. Date Incorporated or Qualified: **10/09/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **38-2286739**
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 **8955 HIGHWAY 98 WEST**
22 **SUITE D**
23 **DESTIN FL.**
24 **32541** 25 **US**
2a. Mailing Address
26 **P.O. Box 475**
27
28 **DESTIN, FL.**
29 **32541** 30 **US**

9. Name and Address of Current Registered Agent
**MACMANUS, JOHN P.
1270 N. EGLIN PKY - SUITE F
SHALIMAR FL 32579**

10. Name and Address of New Registered Agent
81 Name: **MACMANUS, JOHN P.**
82 Street Address (P.O. Box Number is Not Acceptable): **36 FOREST HILLS LANE**
83
84 City: **DESTIN** 85 Zip Code: **FL 32541**

11. Pursuant to the provisions of Sections 607.0607 and 607.1507, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input checked="" type="checkbox"/> DELETE
NAME	MACMANUS, JOHN P.	
STREET ADDRESS	221 SHALIMAR DR.	
CITY - ST - ZIP	SHALIMAR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DCP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	MACMANUS, JOHN P.	
3. STREET ADDRESS	36 FOREST HILLS LANE	
4. CITY - ST - ZIP	DESTIN, FL. 32541	
5. TITLE	SECLY. TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	MACMANUS, MYRTLE H.	
7. STREET ADDRESS	36 FOREST HILLS LANE	
8. CITY - ST - ZIP	DESTIN, FL. 32541	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 or 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: John P. MacManus **JOHN P. MACMANUS** 4/26/96 904-267-1974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Photo #

CR2E034 (12/95)