

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Muckham  
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

11 TITLE	DCP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MACMANUS, JOHN P.	
13 STREET ADDRESS	36 FOREST HILLS LANE	
14 CITY - ST - ZIP	DESTIN, FL. 32541	
21 TITLE	SECLY. TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	MACMANUS, MYRTLE H.	
23 STREET ADDRESS	36 FOREST HILLS LANE	
24 CITY - ST - ZIP	DESTIN, FL. 32541	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)