FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 02, 2003 8:00 am Secretary of State

DOCUMENT # P9400046064 1. Entity Name MANNING WOODLEY CONSTRUCTION CO., INC.					04-02-2003 90081 019 ***150.00		
2. Principal Place of B	NOT WRITE	3. Mailing Address Same		·			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State Jacksonville, FL		City & State		4.	FEI Number 59-3234403	Applied For Not Applicable	
Zip 32211	Country Dûval	Zip Country		5.	Certificate of Status Desired	\$8.75 Additional Fee Required	
		i a i i more in a	1992		ame and Address of Current Registere	d Agent	
	DO NOT W			1. Man	ning Woodley, Jr. Box Number is Not Acceptable) Ountainbleau Cres		
	al.		City	Jackso	nville Fl	_ ^Z p-2°2°1 1	
the obligations of re	gistered agent.	•			gent, or both, in the State of Florida. I am	familiar with, and accept	
	yped or printed name of registered agent a	nd title if applicable.	(NÖTE: Registered Agent signa	ure required when i	ensisting) DATE		
After M	- May 1 Fee is \$150.00 ay 1, Fee is \$550.00 ded UBR is \$61.25 e to Florida Department of	State			Election Campalgn Financing Trust Fund Contribution. []	\$5.00 May Be Added to Fees	
10.	OFFICERS AND D					i i i i i i i i i i i i i i i i i i i	
TITLE D NAME WOO	dley, M. Manr	ning	TITLE NAME		.,		

STREET ADDRESS 7001 Fountainbleau Crescent CTTY-ST-ZIP CITY-ST-ZIP Jacksonville, FL 32211 TITLE TITLE NAME Woodley, Elaine L. NAME STREET ADDRESS 7001 Fountainbleau Crescent STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Jacksonville, FL 32211</u> TITLE TITLE NAME NAME Woodley, Jack A. STREET ADDRESS STREET ADDRESS DO NOT WRITE 7013 Fountainbleau Crescent CITY-ST-ZIP CITY-ST-ZIP Jacksonville, FL 32211 TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this fiting 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

MY TO WOULD SERVING PRINTED NAME OF SIGNING PRINTED OR DIRECTOR

3/24/03

904 744-9175

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