FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000081943 (0)

MANTA RAY ENTERPRISES, INC.

Principal Place 600 HWY 98 E DESTIN FL 32		Mailing Address 600 HWY 98 E DESTIN FL 32541-2426				
				3. Date Incorporated or Qualified 01/01/1995	3a. Date of Last Report 09/24/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3288098	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	€	City & State		6. Election Campaign Financing		
23 Zip	Country	28 	Country	Trust Fund Contribution	Added to Fees	
24	Country 25	29	Country 30		or intangible tax under s. 199.032,	
24	9. Name and Address of Curre			10. Name and Address of New F		
GRI	MSLEY, JAMES W		81 Name			
	WALTER MARTIN RD NE		82 Street	Address (P.O. Box Number is Not Accept	(ahla)	
FT '	WALTON BEACH FL 32548		or allect	Accides to the portation is not recept		
]			83			
			84 City		85 Zip Code	
22	(0.000				FL	
office or a	registered agent, or both, in the Sta	te of Florida. Such change was	authorized by the corp	corporation submits this statement for the poration's board of directors. I hereby acc	 purpose of changing its registered pept the appointment as registered 	
agent. La	m familiar with, and accept the obl	galions of, Section 607.0505, F	Iorida Statutes.		•	
SIGNATURE	Signature, typed or printed name of registered a	enent and title if applicable (NC	OTF: Registered Agent signature	required when reinstaling)	DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
TITLE	D	DILFTE	1.1 TITLE		Change Addition	
NAME	PHILLIPS, DONNA L		1.2 NAME			
STREET ADDRESS	600 HWY 98 E		1.3 STREET ADDRESS			
CITY-ST-ZIP	DESTIN FL 32541	·	1.4 CITY - ST - ZIP			
TITLE	D THE TOTAL OF THE	DELETE	2.1 TITLE		Change Addition	
NAME	PHILLIPS, TIMOTHY F		22 NAME			
STREET ADDRESS	600 HWY 98 E		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	DESTIN FL 32541	DILETE	2. 4 CHY-ST-ZIP 3.1 TITLE		Change Addition	
NAME		OLEETE	3.7 MLE 3.2 NAME		Change Addition	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-S1-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAMF			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CHTY-ST-ZIP			
TITLE		DELETE	51 TITLE		☐ Change ☐ Addition	
NAME		•	5.2 NAME		İ	
STREET ADORESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5 4 C/TY - S1 - Z/P			
TITLE		☐ DELE1E	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
I STORET LEBESTS	1		=-			

14. I do hereby certify that the information supplied with this information indicated on this annual report or supplieme I am an officer or director of the corporation or the receappears in Block 12 or Block 13 if changed, of on an all.

th this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the ilemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name

1/29/97

(904) 827-8211

FILED

Jun 16 1997 8:00am

Secretary of State