FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000057157 (6)

1. Corporation Name
CORY-MANNING & ASSOCIATES, INC.

Principal Place of Business
830 KENDALL DRIVE
MARCO ISLAND FL 33937

Mailing Address
830 KENDALL DRIVE
MARCO ISLAND FL 33937

3. Date Incorporated or Qualified: 07/21/1995

3a. Date of Last Report:

2. Principal Place of Business
21 8951 Bonita Beach Road
Suite, Apt. #, etc.
22 #270
City & State
23 Bonita Springs, Fl.
Zip 24 33923 Country 25 U.S.

2a. Mailing Address
26 8951 Bonita Beach Road
Suite, Apt. #, etc.
27 #270
City & State
28 Bonita Springs, Fl.
Zip 29 33923 Country 30 U.S.

4. FEI Number: 65-0598345 — Applied For / Not Applicable

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

9. Name and Address of Current Registered Agent
WOODWARD, CRAIG R
WOODWARD PIRES ANDERSON & LOMBARDO PA
606 BALD EAGLE DR SUITE 500
MARCO ISLAND FL 33969

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE — Signature typed or printed here of the above listed Executive Officer — (NOTE: Registered Agent signature required when resigning) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CORY, ROBERT	1.2 NAME	
STREET ADDRESS	830 KENDALL DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 33937	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MANNING, KEVIN	2.2 NAME	
STREET ADDRESS	5820 SUNNYDALE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	600001865986
STREET ADDRESS		5.3 STREET ADDRESS	-06/18/96--01140--016
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***200.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	5-1-96
CITY-ST-ZIP		6.4 CITY-ST-ZIP	JR

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)(k), Florida Statutes. 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 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 any attachment with an address.

SIGNATURE — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE 5/6/96 — DAYTIME TELEPHONE NUMBER 941 495-9699

CR2E034 (12/95)