


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

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Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000000176 (3)**

1. Corporation Name
M N O, INC.

Principal Place of Business 15628 MLK BLVD DOVER FL 33527 US	Mailing Address 15628 MLK BLVD DOVER FL 33527-4214 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 12/29/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3373179	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**VOIGTMANN, EUGENE
5227 TRAPNELL ROAD
DOVER FL 33527**

10. Name and Address of New Registered Agent

81 Name	Jeffery C. McClure
82 Street Address (P.O. Box Number is Not Acceptable)	5307 Cindy Ray Dr.
83	
84 City	Plant City
85 Zip Code	FL 33567

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 *Jeffery C. McClure* **Jeffery C. McClure** President **3/12/97**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	VOIGTMANN, MAYNARD E	
STREET ADDRESS	5227 TRAPNELL ROAD	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VOIGTMANN, ORIS L	
STREET ADDRESS	5227 TRAPNELL ROAD	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VOIGTMANN, NORMAN C	
STREET ADDRESS	15628 M.L. KING BLVD.	
CITY-ST-ZIP	DOVER FL 33527	
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7314 Applegate Dr.
1.4 CITY-ST-ZIP	Zephyrhills, FL 33540
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jeffery C. McClure
4.3 STREET ADDRESS	5307 Cindy Ray Dr.
4.4 CITY-ST-ZIP	Plant City, FL 33567
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S/T/D Cynthia A. McClure
5.3 STREET ADDRESS	5307 Cindy Ray Dr.
5.4 CITY-ST-ZIP	Plant City, FL 33567
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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: *Jeffery C. McClure* **Jeffery C. McClure** 3/12/97 813-754-2958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)