

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

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90098 029 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000005046

1. Corporation Name

MC MANUS CUSTOM HOMES INC.

Principal Place of Business

455 N LIME AVE  
SARASOTA FL 34237  
US

Mailing Address

4958 PEREGRINE PT WAY  
SARASOTA FL 34237  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1996

4. FEI Number

65-0635978

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 1926 HILLVIEW ST.

Suite, Apt. #, etc.

22

City & State

23 SARASOTA FL

Zip

Country

24 34239 25 USA

2a. Mailing Address

26 1926 HILLVIEW ST.

Suite, Apt. #, etc.

27

City & State

28 SARASOTA FL

Zip

Country

29 34239 30 USA

9. Name and Address of Current Registered Agent

MC MANUS, PATRICK  
455 N LIME AVE  
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1926 HILLVIEW ST.

83

84 City

SARASOTA

FL

85 Zip Code

34239

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

*Patrick McManus*  
Signature, typed or printed name of registered agent and title if applicable.

PATRICK MC MANUS, PRES.

1/5/98  
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P  
NAME MC MANUS, PATRICK  
STREET ADDRESS 4958 PEREGRINE PT WAY  
CITY-ST-ZIP SARASOTA FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME MC MANUS, PATRICK  
1.3 STREET ADDRESS 2303 DATURA ST.  
1.4 CITY-ST-ZIP SARASOTA, FL 34239

☒ Change ☐ Addition

2.1 TITLE V  
2.2 NAME HAGER, JOHN  
2.3 STREET ADDRESS 3123 ESPANOLA  
2.4 CITY-ST-ZIP SARASOTA, FL 34239

☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: *Patrick McManus*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK MC MANUS, PRES.

1/5/98  
Date

941-366-2048  
Daytime Phone #

CR2E034 (1/98)