

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **P96000026238 (1)**

1. Corporation Name

MANNING BUILDING SUPPLIES OF LAKE LAND, INC.

Principal Place of Business

**4215 SOUTHPOINT BOULEVARD, SUITE 100
JACKSONVILLE FL 32216**

Mailing Address

**4215 SOUTHPOINT BOULEVARD, SUITE 100
JACKSONVILLE FL 32216-0999**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 10900 Phillips Highway		2a. 10900 Phillips Highway		03/22/1996	N/A
22 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-3369464	<input type="checkbox"/> Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Jacksonville, FL		28		6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24 32256		25 US		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SCHNEIDER, MICHAEL N
4215 SOUTHPOINT BOULEVARD, SUITE 100
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

81 Name	James H. Cissel
82 Street Address (P.O. Box Number is Not Acceptable)	10900 Phillips Highway
83	
84 City	Jacksonville
85 Zip Code	FL 32256

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, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:  **James H. Cissel, President** DATE: **4/4/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	VS
NAME	CISSEL, JAMES H	1.2 NAME	Cissel, James H.
STREET ADDRESS	10900 PHILLIPS HIGHWAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32256	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	V
NAME	MANNING, KIRBY W	2.2 NAME	Manning, Kirby W.
STREET ADDRESS	10900 PHILLIPS HIGHWAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32256	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	P
NAME	BEHRENS, DEAN	3.2 NAME	Behrens, Dean
STREET ADDRESS	10900 PHILLIPS HIGHWAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32256	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	T
NAME	RHODES, WILLARD A	4.2 NAME	Rhodes, Willard A.
STREET ADDRESS	10900 PHILLIPS HIGHWAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32256	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	Asst. S
NAME		5.2 NAME	Holze, Karen
STREET ADDRESS		5.3 STREET ADDRESS	10900 Phillips Highway
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Jacksonville, FL 32256
TITLE	D	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:  **James H. Cissel** DATE: **4/4/97** DAYTIME PHONE: **904/268-7000**

CR2E034 (9/96)