

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
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DOCUMENT # **P96000026238 (1)**
1. Corporation Name
MANNING BUILDING SUPPLIES OF LAKE LAND, INC.



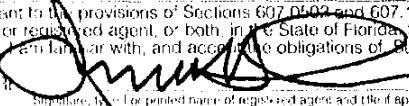
Principal Place of Business 4215 SOUTHPOINT BOULEVARD, SUITE 100 JACKSONVILLE FL 32216	Mailing Address 4215 SOUTHPOINT BOULEVARD, SUITE 100 JACKSONVILLE FL 32216-0999
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3. Date Incorporated or Qualified 03/22/1996	3a. Date of Last Report N/A
4. FEI Number 59-3369464	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	

2. Principal Place of Business 21 10900 Phillips Highway Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State Jacksonville, FL	27 City & State
23 Zip 32256	28 Country US
24 Country US	29 Country
30	30

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 State	FL
		86 Zip Code	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	<input type="checkbox"/> DELETE	1.1 TITLE VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	2.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	3.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	4.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	5.1 TITLE Asst. S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HOLZE, KAREN		5.2 NAME Holze, Karen	
STREET ADDRESS 10900 PHILLIPS HIGHWAY		5.3 STREET ADDRESS 10900 Phillips Highway	
CITY - ST - ZIP JACKSONVILLE FL 32256		5.4 CITY - ST - ZIP Jacksonville, FL 32256	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)