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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000026242 (3)**

1. Corporation Name
MANNING BUILDING SUPPLIES OF FT. PIERCE, INC.

Principal Place of Business	Mailing Address
4215 SOUTHPOINT BLVD., SUITE 100 JACKSONVILLE FL 32216	4215 SOUTHPOINT BLVD., SUITE 100 JACKSONVILLE FL 32216-0999

3. Date Incorporated or Qualified: 03/22/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21 10900 Phillips Hwy.
Suite, Apt. #, etc
22
City & State
23 Jacksonville, FL
Zip 24 32256 Country 25 US

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3369468 ☐ 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

SCHNEIDER, MICHAEL N
4215 SOUTHPOINT BLVD., SUITE 100
NATIONAL FINANCIAL BLDG.
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 **FL** 85 Zip Code: 32256

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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: Vice-
James H. Cissel, President — 4/4/97
(Also Typed or Printed Name of Registered Agent and Title if Applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	DVS	☒ Change ☐ Addition
NAME	CISSEL, JAMES H		1.2 NAME	Cissel, James H	
STREET ADDRESS	10300 PHILLIPS HIGHWAY		1.3 STREET ADDRESS	10900 Phillips Highway	
CITY-ST-ZIP	JACKSONVILLE FL 32256		1.4 CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	D	☐ DELETE	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	MANNING, KIRBY W		2.2 NAME	Manning, Kirby W.	
STREET ADDRESS	10300 PHILLIPS HIGHWAY		2.3 STREET ADDRESS	10900 Phillips Highway	
CITY-ST-ZIP	JACKSONVILLE FL 32256		2.4 CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	D	☐ DELETE	3.1 TITLE	DP	☒ Change ☐ Addition
NAME	NOHEJL, MICHAEL		3.2 NAME	Nohejl, Michael	
STREET ADDRESS	10300 PHILLIPS HIGHWAY		3.3 STREET ADDRESS	10900 Phillips Highway	
CITY-ST-ZIP	JACKSONVILLE FL 32256		3.4 CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	D	☐ DELETE	4.1 TITLE	DT	☒ Change ☐ Addition
NAME	RHODES, WILLARD A		4.2 NAME	Rhodes, Willard A.	
STREET ADDRESS	10300 PHILLIPS HIGHWAY		4.3 STREET ADDRESS	10900 Phillips Highway	
CITY-ST-ZIP	JACKSONVILLE FL 32256		4.4 CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE		☐ DELETE	5.1 TITLE	Asst. S	☐ Change ☒ Addition
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		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 — 4/4/97 — 904/268-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034036