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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000026242 (3)

MANNING BUILDING SUPPLIES OF FT. PIERCE, INC.

## FILED Mar 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 10900 PHILLIPS HWY 4215 SOUTHPOINT BLVD., SUITE 100 JACKSONVILLE FL 32256 JACKSONVILLE FL 32216 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/22/1996 Applied For Principal Place of Business 59-3369468 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Ζıp B. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CISSEL, JAMES H 10900 PHILLIPS HIGHWAY 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32256 83 City 84 Zip Code 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** (NO ft: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELFTE TITLE Change Addition CISSEL, JAMES H NAME 1.2 NAME 10900 PHILLIPS HWY. STREET ADDRESS 13 STREET ADDRESS JACKSONVILLE FL 1.4 City-St-ZiP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE MANNING, KIRBY W NAME 2.2 NAME 10900 PHILLIPS HWY STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Addition 3.1 TITLE TITLE NOHEJL, MICHAEL NAME 3.2 NAME 10900 PHILLIPS HWY STREET ADDRESS 3 3 STREET ADDRESS JACKSONMLLE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TOLE Addition RHODES, WILLARD A NAME 4. 2 NAME 10900 PHILLLIPS HWY STREET ADORESS 4.3 STREET ADDRESS JACKSONVILLE FL 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 5 1 TITLE ☐ Change HOLZE, KAREN NAME 5.2 NAME 10900 PHILLIPS HWY STREET ADDRESS 5 3 STREET ADDRESS JACKSONVILLE FL CITY+ST-ZIP 54 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 supplienced 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 required 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 or arranged ment with an address.

SIGNATURE:

3/3/98 IOHJ9687000