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Apr 28 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 # V23936 (0)
 1. Corporation Name
MANUCY ENTERPRISES, INC.



Principal Place of Business: **8620 ROCKLAND DRIVE JACKSONVILLE FL 32221-1617**
 Mailing Address: **8620 ROCKLAND DRIVE JACKSONVILLE FL 32221-1617**

| | | | | | |
|--------------------------------|--|---------------------|--|---|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 03/26/1992 | 07/09/1996 |
| 22 | | 27 | | 4. FEI Number | Applied For |
| 23 | | 28 | | 59-3115960 | Not Applicable |
| 24 | | 29 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 25 | | 30 | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 26 | | 31 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | |
| 27 | | 32 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| AHERN, FRED L, JR. 2215 S. THIRD STREET SUITE 101 JACKSONVILLE BEACH FL 32250 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MANUCY, LESLIE G., III | 1.2 NAME | |
| STREET ADDRESS | 8620 ROCKLAND DR. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL | 1.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STANFIELD, STEVEN LANE | 2.2 NAME | |
| STREET ADDRESS | 10230 SHORVIEW DR., N. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL | 2.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MANUCY, JAMES MICHAEL | 3.2 NAME | |
| STREET ADDRESS | 1414 LONGVIEW ST. | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | WICHITA FALLS TX | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <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 Michael Manucy*
JAMES MICHAEL MANUCY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **21 APR 97**
 Day/emo Phone #: **(817)851-5151**

CR2E034 (9/96)