I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.				
SIGNATURE JOHN MACMANUS	PRESIDENT	04/11/2013		

PRESIDENT

SIGNATURE: JOHN MACMANUS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P35859

Entity Name: JOHN P. MACMANUS COMPANY

#### **Current Principal Place of Business:**

436 E. SHIPWRECK RD. SANTA ROSA BEACH, FL 32459

### **Current Mailing Address:**

436 E. SHIPWRECK RD. SANTA ROSA BEACH. FL 32459

## FEI Number: 38-2286739

### Name and Address of Current Registered Agent:

MACMANUS, JOHN P. 436 E. SHIPWRECK RD SANTA ROSA BEACH, FL 32459 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

	Electronic Signature of Registered Agent				
Officer/Director Detail :					
Title	PRES	Title	VP		
Name	MACMANUS, JOHN P.	Name	MACMANUS, MYRTLE H.		

Officer/Director Detail :				
Title	PRES	Title	VP	
Name	MACMANUS, JOHN P.	Name	MACMANUS, MYRTLE H.	
Address	436 E. SHIPWRECK RD	Address	436 E SHIPWRECK RD	
City-State-Zip:	SANTA ROSA BEACH FL 32459	City-State-Zip:	SANTA ROSA BEACH FL 32459	

# 11, 2013 ary of State CC6226808742

Certificate of Status Desired: No

Date

Date