

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **479323** (8)

1. Corporation Name  
**MARTIN NEWBY REALTY, INC.**



Principal Place of Business: **3801 BEE RIDGE RD #12 SARASOTA FL 34233**  
Mailing Address: **3801 BEE RIDGE RD #12 SARASOTA FL 34233**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
g. Name and Address of Current Registered Agent			

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>06/19/1975</b>	<b>03/07/1995</b>
4. FID Number	Applied For
<b>59-1606241</b>	Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

g. Name and Address of Current Registered Agent

**TURNER, JIM**  
**1550 RINGLING BLVD**  
**SARASOTA FL 33578**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(4), 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 607.04(3), Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD NEWBY, MARTIN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3801 BEE RIDGE RD #12 SARASOTA FL	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-STATE-ZIP	ST NEWBY, LORIE	1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	3801 BEE RIDGE RD #12 SARASOTA FL	1.5 NAME	
NAME		1.6 STREET ADDRESS	
STREET ADDRESS		1.7 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		1.8 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		1.9 NAME	
NAME		1.10 STREET ADDRESS	
STREET ADDRESS		1.11 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		1.12 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		1.13 NAME	
NAME		1.14 STREET ADDRESS	
STREET ADDRESS		1.15 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		1.16 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		1.17 NAME	
NAME		1.18 STREET ADDRESS	
STREET ADDRESS		1.19 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		1.20 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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, the principal officer or officer 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 omitted from the filing address.

SIGNATURE: DATE: **4-8-96** **941-923-1486**

CR2E034 (12/95)