

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

CORPORATION
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 JAMES H. MARTIN
 Secretary of State

APPROVED
 AND
 FILED

DOCUMENT # **H80598**

(6)

95 MAY -1 PM 10:05

MARTIN BUSINESS SERVICES, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

P O BOX 48931
 SARASOTA FL 34230

P O BOX 48931
 SARASOTA FL 34230

2	2a	3	3a
21	26	10/08/1985	04/25/1994
22	27	4	Appointment Fee
23	28	65-0191468	Not Applicable
24	29	5	\$8.75 Additional Fee Required
	30	6	\$5.00 May Be Added to Fees
		8	Florida Department of State

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARTIN, JAMES R 255 MIMOSA CIR SARASOTA FL 34232	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the address stated herein. The change of office was submitted by the corporation in respect of which this statement is made for the appointment of registered agent. I am a resident of the State of Florida and the address stated herein is my true and correct address.

SIGNATURE: *James R. Martin* NAME: **JAMES R. MARTIN** DATE: **4-28-95**

12. OFFICERS AND DIRECTORS		13. ALTERNATE OFFICERS AND DIRECTORS	
OFFICE	PD	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, S. DIANE	1. NAME	
STREET ADDRESS	255 MIMOSA CIRCLE	2. STREET ADDRESS	
CITY	SARASOTA FL	3. CITY	
OFFICE	STD	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JAMES R.	1. NAME	
STREET ADDRESS	255 MIMOSA CIRCLE	2. STREET ADDRESS	
CITY	SARASOTA FL	3. CITY	
OFFICE	D	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, THERESA D	1. NAME	
STREET ADDRESS	7697 ALICIA LANE	2. STREET ADDRESS	
CITY	SARASOTA FL	3. CITY	
OFFICE	D	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JAMES R JR.	1. NAME	
STREET ADDRESS	255 MIMOSA CIRCLE	2. STREET ADDRESS	
CITY	SARASOTA FL	3. CITY	
OFFICE		OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY		3. CITY	
OFFICE		OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY		3. CITY	

14. I, the undersigned, certify that the information supplied with this filing is complete, true and correct and that I am qualified to act as a registered agent for the corporation named above. I am a resident of the State of Florida and the address stated herein is my true and correct address. I am not a partner, officer, director, or shareholder of the corporation named above. I am not a partner, officer, director, or shareholder of the corporation named above. I am not a partner, officer, director, or shareholder of the corporation named above.

SIGNATURE: *James R. Martin* NAME: **JAMES R. MARTIN** DATE: **4-28-95** TELEPHONE: **813-365-5846**