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FILED
May 15 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 # H80598 (6)
 1. Corporation Name
MARTIN BUSINESS SERVICES, INC.



Principal Place of Business: P O BOX 48931 SARASOTA FL 34230
 Mailing Address: P O BOX 48931 SARASOTA FL 34230-5831

3. Date Incorporated or Qualified: 10/08/1985
 3a. Date of Last Report: 04/30/1996
 4. FEI Number: 65-0191468
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
MARTIN, JAMES R
255 MIMOSA CIR
SARASOTA FL 34232

10. Name and Address of New Registered Agent
 81 Name: **JAMES R. MARTIN, JR**
 82 Street Address: ~~48931 SARASOTA FL~~
 83 **145 W. MINNESOTA AVE**
 84 City: **DE LAND** FL 85 Zip Code: **32720**

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 duties of, Section 607.0505, Florida Statutes.

SIGNATURE: *James R. Martin Jr* DATE: 4-27-97
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTIN, S. DIANE	
STREET ADDRESS	255 MIMOSA CIRCLE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MARTIN, JAMES R.	
STREET ADDRESS	255 MIMOSA CIRCLE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTIN, THERESA D	
STREET ADDRESS	7097 ALICIA LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTIN, JAMES R JR.	
STREET ADDRESS	255 MIMOSA CIRCLE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARTIN, S. DIANE	
1.3 STREET ADDRESS	7530 RED OAK LN	
1.4 CITY-ST-ZIP	CHARLOTTE, NC 28226	
2.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARTIN, JAMES R.	
2.3 STREET ADDRESS	7530 RED OAK LN	
2.4 CITY-ST-ZIP	CHARLOTTE, NC 28226	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARTIN, THERESA D	
3.3 STREET ADDRESS	7530 RED OAK LN	
3.4 CITY-ST-ZIP	CHARLOTTE, NC 28226	
4.1 TITLE	OP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARTIN, JAMES R. JR	
4.3 STREET ADDRESS	145 W. MINNESOTA	
4.4 CITY-ST-ZIP	DELAND, FL 32720	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 R. Martin* **JAMES R. MARTIN** DATE: 4-27-97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)