

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Feb 24 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 # J77341 (2)**

1. Corporation Name  
**MARTIN COUNTY PROPERTIES, INCORPORATED**



Principal Place of Business  
**167 S.E. GOMEZ ROAD HOBE SOUND FL 33455**

Mailing Address  
**167 S.E. GOMEZ ROAD HOBE SOUND FL 33455-2514**

3. Date Incorporated or Qualified **06/12/1987** 3a. Date of Last Report **02/06/1996**

2. Principal Place of Business 2a. Mailing Address  
 21 State, Apt. #, etc. 26 State, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 29 Zip Country

4. FEI Number **59-2820050** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BELL, JAMES E.  
 167 S.E. GOMEZ ROAD  
 HOBE SOUND FL 33455**

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 607.0502 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 *James E. Bell* 1/30/97  
 Signature of registered agent and job, if applicable (NOTE: registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BELL, JAMES E.</b>	
STREET ADDRESS	<b>166 S.BEACH RD.</b>	
CITY - ST - ZIP	<b>HOBE SOUND FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>CROWE, JOHN V.</b>	
STREET ADDRESS	<b>SOUTH BEACH RD.</b>	
CITY - ST - ZIP	<b>HOBE SOUND FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>TANDY, RUSSELL H., JR.</b>	
STREET ADDRESS	<b>7 ISLE RIDGE WEST</b>	
CITY - ST - ZIP	<b>HOBE SOUND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VAUGHAN, TAYLOR GEORGE</b>	
STREET ADDRESS	<b>GOMEZ RD.</b>	
CITY - ST - ZIP	<b>HOBE SOUND FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 E. Bell Pres* 2/17/97 561-546-3708  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)