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CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR -6 AM 6:25

DOCUMENT # **N10995 (1)**

1. Corporation Name  
**MARTIN MARIETTA MANAGEMENT CLUB, ORLANDO, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**C/O MARTIN MARIETTA ELECTRONIC & MISSILES**  
5200 SAND LK RD. POB 555837 MP-66  
ORLANDO FL 32855-5837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/06/1985** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **23-7119213** Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **5600 SAND LAKE ROAD** 26 **5600 SAND LAKE ROAD**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **ORLANDO, FLORIDA** 27 **ORLANDO, FLORIDA**  
City & State City & State  
23 **32819** 24 **U.S.A.** 25 **32819** 26 **U.S.A.**  
Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**KERR, DOUG**  
1201 SHARON PLACE  
WINER PARK FL 32789

10. Name and Address of New Registered Agent  
81 Name **GUSS, STEPHEN J.**  
82 Street Address (P.O. Box Number is Not Acceptable) **2508 SAGINAW TR.**  
83 **MAITLAND** FL 85 Zip Code **32751**  
84 City

11. Pursuant to the provisions of Sections 607.0902 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 607.1505, Florida Statutes.

SIGNATURE *Stephen J. Guss* DATE **3/28/95**  
Signature (type or print name of registered agent) (Do not sign blank) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>C</b>	<b>KERR, DOUG</b> <b>GUSS, STEPHEN J.</b>
NAME	<b>1201 SHARON PLACE 2508 SAGINAW TR.</b>
STREET ADDRESS	<b>WINER PARK FL MAITLAND FL</b>
CITY, ST, ZIP	
TITLE <b>PD</b>	<b>GUSS, STEPHEN J. LORD, RON</b>
NAME	<b>2508 SAGINAW TR 3071 GOLDENVIEW LANE</b>
STREET ADDRESS	<b>MAITLAND FL ORLANDO, FLORIDA</b>
CITY, ST, ZIP	
TITLE <b>T</b>	<b>ALGER, DORETTA LEON NEWTON</b>
NAME	<b>9460 MONTELLO DR 5539 Hollow OAK ROAD</b>
STREET ADDRESS	<b>ORLANDO FL ORLANDO, FLORIDA</b>
CITY, ST, ZIP	
TITLE <b>S</b>	<b>SCANLON, JIM O.K.</b>
NAME	<b>875 BENTLEY GREEN CIRCLE</b>
STREET ADDRESS	<b>WINTER SPRINGS FL</b>
CITY, ST, ZIP	
TITLE <b>V</b>	<b>LORD, RON ANDREA LAWRENCE</b>
NAME	<b>3071 GOLDENVIEW LANE 8783 CHARLES E. LIMPOUS ROAD</b>
STREET ADDRESS	<b>ORLANDO, FL ORLANDO, FLORIDA</b>
CITY, ST, ZIP	
TITLE <b>D</b>	<b>SLUSHER, AL RONALD SWIGER</b>
NAME	<b>8240 CROSSWICKS DRIVE 952 VERSAILLES CA.</b>
STREET ADDRESS	<b>ORLANDO FL MAITLAND, FL 32751</b>
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>GUSS, STEPHEN J.</b>	
1.3 STREET ADDRESS <b>2508 SAGINAW TR</b>	
1.4 CITY, ST, ZIP <b>MAITLAND FLORIDA</b>	
2.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>LORD, RON</b>	
2.3 STREET ADDRESS <b>3071 GOLDENVIEW LANE</b>	
2.4 CITY, ST, ZIP <b>ORLANDO, FLORIDA</b>	
3.1 TITLE <b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>LEON NEWTON</b>	
3.3 STREET ADDRESS <b>5539 Hollow OAK ROAD</b>	
3.4 CITY, ST, ZIP <b>ORLANDO, FLORIDA 32808</b>	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>ANDREA LAWRENCE</b>	
5.3 STREET ADDRESS <b>8783 CHARLES E. LIMPOUS ROAD</b>	
5.4 CITY, ST, ZIP <b>ORLANDO, FLORIDA 32836</b>	
6.1 TITLE <b>D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>RONALD SWIGER</b>	
6.3 STREET ADDRESS <b>952 VERSAILLES CIRCLE</b>	
6.4 CITY, ST, ZIP <b>MAITLAND, FLORIDA 32751</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.037(1)(k), 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 the report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leon Newton* (LEON NEWTON) DATE: **3/23/95** (407) 356-4307  
Signature (type or print name of signing officer or director) DATE