

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000061668 (8)**

1. Corporation Name

**MARTIN BUILDER SUPPLY & HARDWARE, INC.**



Principal Place of Business

Mailing Address

2305 US HWY 98 W  
SANTA ROSA BEACH FL 32459  
US

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SANTA ROSA BEACH FL 32459  
US

3. Date Incorporated or Qualified **08/30/1993** 3a. Date of Last Report **04/26/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>59-3174526</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WENSEL, KATHY M**  
2305 US HWY 98 W  
SANTA ROSA BCH. FL 32459

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

**FL**

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: *Kathy M Wensel*

*4-24-96*

NOTE: Registered Agent signature required when re-appointing.

DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, FRANK A</b>	12. NAME	
STREET ADDRESS	<b>P.O. BOX 805 N/A</b>	13. STREET ADDRESS	
CITY-STATE-ZIP	<b>FORT PAYNE AL 35967</b>	14. CITY-STATE-ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WENSEL, SCOTT</b>	22. NAME	<i>Vice-President James F. Rice</i>
STREET ADDRESS	<b>P O BOX 1450 N/A</b>	23. STREET ADDRESS	<i>242 Woodlawn Circle</i>
CITY-STATE-ZIP	<b>SANTA ROSA BEACH FL 32459</b>	24. CITY-STATE-ZIP	<i>Defuniak Springs, FL 32433</i>
TITLE	<b>ST</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WENSEL, KATHY M</b>	32. NAME	
STREET ADDRESS	<b>P O BOX 1450 N/A</b>	33. STREET ADDRESS	
CITY-STATE-ZIP	<b>SANTA ROSA BEACH FL 32459</b>	34. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

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)(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 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: *Kathy M Wensel* (**KATHY M. WENSEL**) *4-24-96* *904-267-3444*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)