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Apr 03 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 # P93000061668 (8)
1. Corporation Name
MARTIN BUILDER SUPPLY & HARDWARE, INC.



Principal Place of Business: 2305 US HWY 86 W, SANTA ROSA BEACH FL 32459 US
Mailing Address: 2305 US HWY 86 W, SANTA ROSA BEACH FL 32459-5339 US

3. Date Incorporated or Qualified: 08/30/1993
3a. Date of Last Report: 04/29/1996
4. FEI Number: 59-3174526
5. Certificate of Status Desired: Applied For, Not Applicable
6. Election Campaign Financing: \$8.75 Additional Fee Required, \$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. B20 N. County Hwy 393, Suite, Apt. #, etc.
22. City & State: SANTA ROSA Bch
23. Zip: 32459, Country: WALTON
2a. Mailing Address: 26. B20 N. County Hwy. 393, Suite, Apt. #, etc.
27. City & State: SANTA ROSA Bch.
28. Zip: 32459, Country: WALTON
29. 30.

9. Name and Address of Current Registered Agent
WENSEL, KATHY M
2305 US HWY 86 W
SANTA ROSA Bch. FL 32459

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. 820 N. County Hwy. 393
84. City: SANTA ROSA BEACH FL 85. Zip Code: 32459

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, Secretary/Treasurer
DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/> DELETE
NAME	MARTIN, FRANK A	
STREET ADDRESS	P.O. BOX 805 N/A	
CITY-ST-ZIP	FORT PAYNE AL 35967	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RICE, JAMES F	
STREET ADDRESS	242 WOODLAWN CIRCLE	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WENSEL, KATHY M	
STREET ADDRESS	P O BOX 1450 N/A	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
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		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	SCOTT H. WENSEL		
2.3 STREET ADDRESS	P O BOX 1450 N/A		
2.4 CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: Kathy M Wensel, KATHY M. WENSEL 3/18/97 267-4690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)