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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000043833 (0)

1. Corporation Name

MARTIN EQUIPMENT, INC



Principal Place of Business

Mailing Address

925 STRATFORD MANOR DR.
BRANDON FL 33510

925 STRATFORD MANOR DR.
BRANDON FL 33510

2. Principal Place of Business

2a. Mailing Address

21 8954 GALL BLVD.

26 P.O. Box 668

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zephyrhills, FL

28 Zephyrhills, FL

Zip

Zip

24 33541

29 33539

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, JAMES III
925 STRATFORD MANOR DR.
BRANDON FL 33510

81 Name

JAMES W. MARTIN III

82 Street Address (P.O. Box Number is Not Acceptable)

529 S. PARSONS AVE.,

83

APT. 1016

84 City

BRANDON

FL

85 Zip Code

33510

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

Signature, type or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MARTIN, JAMES III
STREET ADDRESS 925 STRATFORD MANOR DR.
CITY-ST-ZIP BRANDON FL 33510

1.1 TITLE D=P
1.2 NAME JAMES W. MARTIN III
1.3 STREET ADDRESS 529 S. PARSONS AVE.,
1.4 CITY-ST-ZIP BRANDON, FL. 33510

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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:

JAMES W. MARTIN III

3-11-96 (813) 715-0668

Date

Daytime Phone #

CR2E034 (12/95)