

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P95000000880 (1)

1. Corporation Name

MARTIN & ASSOCIATES, C.P.A.'S, P.A.

APPROVED
AND
FILED

95 APR 27 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8130 BAYMEADOWS CIR. WEST, #307
JACKSONVILLE FL 32256

Mailing Address

8130 BAYMEADOWS CIR. WEST, #307
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1994

3a. Date of Last Report

4. FBI Number

59-3283181

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

7. This corporation has liability for inter vivos tax under R. 199.032,
Florida Statutes

☐ Yes

☒ NO

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MARTIN, SONNY

8130 BAYMEADOWS CIR. WEST, #307
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SONNY MARTIN
PRESIDENT

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

8130 BAYMEADOWS
CIRCLE WEST #307

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SAR 32256

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

N/A

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

8130 BAYMEADOWS
CIRCLE WEST #307
SAR, FLA 32256

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

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

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature) (Name)