

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 02 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 # P96000092006 (1)**

1. Corporation Name  
**MARTIN-BRANTLEY & ASSOCIATES, INC.**



Principal Place of Business  
**100 N SPRING STREET PENSACOLA FL 32501**

Mailing Address  
**100 N SPRING STREET PENSACOLA FL 32501-4824**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report	
21	Same as above	26	Same as above	11/08/1996		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEE Number	Applied For	
22		27		59-3414915	Not Applicable	
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution		
24	25	29	30	<input type="checkbox"/>		
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
MITCHEM, W. SPENCER 3 WEST GARDEN STREET SUITE 600 PENSACOLA FL 32501				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				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 \_\_\_\_\_ DATE: **4/23/97**

Signature, typed or printed name of registrant if applicable (NOTE: Registered Agent signature required when "consisting") DAN

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	G. Pratt Martin, Jr.		1.2 NAME		
STREET ADDRESS	1900 Villafane Dr.		1.3 STREET ADDRESS		
CITY-ST-ZIP	Pensacola, FL 32503		1.4 CITY-ST-ZIP		
TITLE	Vice-President	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	R. Shawn Brantley		2.2 NAME		
STREET ADDRESS	5700 English Turn Cr.		2.3 STREET ADDRESS		
CITY-ST-ZIP	Pace, FL 32571		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: \_\_\_\_\_ DATE: **4/23/97** 904-433-5075

CR2E034 (9/96)