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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 837035

(5)

MARTIN AND MARTIN, INCORPORATED

FILED									
Jan 27 1997 8:00am									
Secretary of State									

Principal Place of Business			Mailing A	Mailing Address				-{	H OYBA EIDAI O	OIT OF OUR DANK!	
SUITE A 37 S MAIN STREET CHAMBERSBURG PA 17201		CHAMBER	37 S MAIN STREET Chambersburg pa 17201-2201								
US			US					3. Date Incorporated or Qualified 09/15/1976		ite of Last Ri 29/1996	aport
2. Principal P	lace of Busin	iess	2a, Mailir	ig Address				4. FEI Number		Ap	plied For
21			26					25-1242919			t Applicable
Suite, Apt.	#, etc.		27 Suite,	Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	c		City 8	State				6. Election Campaign Financing		\$5.00	May Be
23			28	·	,			Trust Fund Contribution		Added t	o Fees
Zip 24		Country 25	Zip 29		30 Cou	intry		This corporation has liability for Florida Statutes	r intangible Yes D		199.032,
	9, Name	and Address of Curr	ent Registered	Agent		L		10. Name and Address of New R	egistered /	Agent	
SPO	NDER, RA	YMOND				81	Name				
741 CONCHSHELL MANOR PLANTATION FL 33324						82	Street Addre	ess (P.O. Box Number is Not Accepta	able)	· · · · · · · · · · · · · · · · · · ·	
r.c.	MINION	L 33324				83					
						84	City		FL	85 Zip (Code
office or r agent. La	to the provis egistered aç m familiar w	sions of Sections 607 0 yent, or both, in the Sta ith, and accept the obl	502 and 607.150 ite of Florida Sud igations of, Secti	8, Florida Statu ch change was on 607.0505, Fl	tes, the at authorized orida Stat	bove d by tutes	-named corporati	oration submits this statement for the on's board of directors. I hereby according	purpose of	changing it ointment as	s registered registered
SIGNATURE	Signature, types	for printed name of registered a	agent and title if applica	able (NO	E: Registered	d Ager	nt signature require	ed when reinstating)	DATE		
12.			ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 12
TITLE	PD			DELETE	1.1 TO	TLE				☐ Change	☐ Addition
NAME		R, RICHARD M.			1.2 N/	AME					
STREET ADDRESS		RNOOSTIE DRIVE			1.3 ST	TREET	ADDRESS				
CITY-SI-ZIP		RSBURG PA		DELETE		ITY-ST	T-ZIP			Change	Addition
TITLE	TD	CHABLES M		I'''] DETELE	211)					FTT CHAIRS	L. Addition
STREET ADDRESS		3, CHARLES M. ICKINLEY ST.			22 N/		ADDRESS				
CITY-ST-ZIP		RSBURG PA				ITY-S					
TITLE	OLDGIOL	INDONG TA		DELETE	3.1 Ti		/1-20			Change	Addition
NAME					3.2 N/	AME	l				
STREET ADDRESS					3.3 ST	TREET	ADDRESS				,
CITY-ST-ZIP	ì				3.4. C	HTY-S	ST-ZIP				
TITLE										Observe	Addition
				☐ DELETE	4.1 (1)	TLE	į			Change	
NAME				☐ DELETE	4. 2 N	IAME				Crange	
STREET ADDRESS				∐ DELETE	4. 2 N 4.3 ST	IAME TREET	ADDRESS			Criange	
STREET ADDRESS CITY - S1 - ZIP	, , , , , , , , , , , , , , , , , , ,				4.2 N 4.3 ST 4.4 CI	IAME TREET ITY-SI					Addition
STREET ADDRESS CITY - S1 - ZIP TITLE				DELETE	4, 2 N 4,3 ST 4 4 CI 5 1 TI	IAME TREET ITY-SI ITLE				☐ Change	Addition
STREET ADDRESS CITY: S1-ZIP TITLE NAME					4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N	tame Treet ITY-SI ITLE Ame	T-ZiP				Addition
STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS					4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N/ 5.3 ST	TREET TY-SI TLE AME TREET	T-ZiP ADDRESS				Addition
STREET ADDRESS CITY: S1-ZIP TITLE NAME					4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N/ 5.3 ST	TREET TY-ST TLE AME TREET TY-ST	T-ZiP ADDRESS				Addition
STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DELETE	4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N 5.3 S 5.4 CI	TREET ITY-SI ITLE AME TREET ITY-SI ITLE	T-ZiP ADDRESS			☐ Change	

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 libehanded, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-97

717-264-6759