

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

002514

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90010 017 ***150.00

DOCUMENT # 246205

1. Corporation Name MARTIN COMPANIES OF DAYTONA, INC.



Principal Place of Business 1801 SOUTH NOVA ROAD SOUTH DAYTONA FL 32119-8733

Mailing Address 1801 SOUTH NOVA ROAD SOUTH DAYTONA FL 32119-8733

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/03/1961

4. FEI Number 59-0933906 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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21 501 N. Grandview Ave Suite, Apt. #, etc. 22 Suite 105 City & State 23 Daytona Beach, FL Zip 24 32118 Country 25 US

2a. Mailing Address 26 501 N. Grandview Ave. Suite, Apt. #, etc. 27 Suite 105 City & State 28 Daytona Beach, FL Zip 29 32118 Country 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, ROBERT D. SUNTRUST BUILDING, SUITE 105 501 N. GRANDVIEW AVENUE DAYTONA BEACH FL 32118

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, ROBERT D	1.2 NAME	
STREET ADDRESS	96 N ST ANDREWS	1.3 STREET ADDRESS	501 N. Grandview Ave # 105
CITY-ST-ZIP	ORMOND BCH FL	1.4 CITY-ST-ZIP	Daytona Beach, FL 32118
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, RICHARD K	2.2 NAME	
STREET ADDRESS	40 WINDING CREEK WAY	2.3 STREET ADDRESS	501 N. Grandview Ave # 105
CITY-ST-ZIP	ORMOND BCH FL	2.4 CITY-ST-ZIP	Daytona Beach, FL 32118
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMEY, WILLIAM	3.2 NAME	
STREET ADDRESS	507 S. SENECA STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	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 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, with all other like empowered.

SIGNATURE: Robert D. Martin 1/11/99 904 238 5677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)