

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra H. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19 1996 8:00 am
Secretary of State

DOCUMENT # 313169 (5)

1. Corporation Name

MARY MARTIN ENTERPRISES, INC.

Principal Place of Business

4580 THOMASVILLE ROAD
TALLAHASSEE FL 32308

Mailing Address

4580 THOMASVILLE ROAD
TALLAHASSEE FL 32308

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 County

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 County

9. Name and Address of Current Registered Agent

MARTIN, HUGH
4580 THOMASVILLE RD
TALLAHASSEE FL 32308

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
01/27/1967

3a. Date of Last Report
04/19/1995

4. FEI Number
59-1211873

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 has liability for intangible tax under s. 193.032,
Florida Statutes.

Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0902 and 607.1605, 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 607.0905, Florida Statutes.

SIGNATURE

Signature of person authorized to execute this statement

Signature of person authorized to execute this statement

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
D	MARTIN, HUGH	4580 THOMASVILLE RD	TALLAHASSEE FL	☐
PD	MARTIN, MARY B	4580 THOMASVILLE RD	TALLAHASSEE FL	☐
				☐
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13.

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
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14. I, on behalf of the corporation, certify that the information supplied with this filing is voluntary, true and correct, and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 Book 12 or Book 13 if changed from an agent with an address.

SIGNATURE:

Mary B Martin, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY B. MARTIN

4/16/96

904-893-4215

CR2E034 (12/95)