

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **350418 (0)**

1. Corporation Name

MARTINE'S DEVELOPMENT CORPORATION ON



Principal Place of Eusiness

Mailing Address

6565 NORTH W STREET
260
PENSACOLA FL 32505
US

6565 NORTH W STREET
260
PENSACOLA FL 32505
US

3. Date Incorporated or Qualified
06/06/1969

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1301700

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARKS, JAMES J. JR.
6565 NORTH "W" ST STE 260
PENSACOLA FL 32505**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARKS, CHRISTINE T.	
STREET ADDRESS	6565 NORTH "W" ST. STE 260	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	MARKS, JAMES J. J	
STREET ADDRESS	6565 NORTH "W" ST #260	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NASH, NEAL	
STREET ADDRESS	6565 NORTH "W" ST #260	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NASH, LIANNA MARKS	
STREET ADDRESS	6565 NORTH "W" ST #260	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Nash, Neal
3.3 STREET ADDRESS	6565 North "w" St. Ste. 260
3.4 CITY-ST-ZIP	Pensacola, FL 32505
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 any address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96 904-484-7395

Date

Daytime Phone #

CR2E034 (12/95)