

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 PM 5:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **690216** (7)
1. Corporation Name
C.J. MARTINSON, INC.

Principal Place of Business Mailing Address
3001 TAMPA BAY CENTER TAMPA FL 33607 **3001 TAMPA BAY CENTER TAMPA FL 33607**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/15/1981** 3a. Date of Last Report **05/24/1994**

4. FEI Number **59-2102473** 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. 190.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTINSON, CHRIS J.
7324 SUNSHINE CIRCLE
TAMPA FL 33614

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.03(2) and 607.15(3), 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 607.03(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent for the Corporation

Signature of New Registered Agent or Registered Agent for the Corporation

DATE

12. OFFICERS AND DIRECTORS	
12.1 NAME STREET ADDRESS CITY & STATE ZIP	P MARTINSON, CHRIS J 7324 SUNSHINE CIRCLE TAMPA FL
12.2 NAME STREET ADDRESS CITY & STATE ZIP	ST MARTINSON, CATHY L 7324 SUNSHINE CIRCLE TAMPA FL
12.3 NAME STREET ADDRESS CITY & STATE ZIP	
12.4 NAME STREET ADDRESS CITY & STATE ZIP	
12.5 NAME STREET ADDRESS CITY & STATE ZIP	
12.6 NAME STREET ADDRESS CITY & STATE ZIP	
12.7 NAME STREET ADDRESS CITY & STATE ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 NAME STREET ADDRESS CITY & STATE ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME STREET ADDRESS CITY & STATE ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3 NAME STREET ADDRESS CITY & STATE ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 NAME STREET ADDRESS CITY & STATE ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 NAME STREET ADDRESS CITY & STATE ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME STREET ADDRESS CITY & STATE ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7 NAME STREET ADDRESS CITY & STATE ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that this information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Section 190.03(2)(b), Florida Statutes. I further certify that this information is filed on the annual report or supplemental annual report in this and in each state 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 duties appear in the book of records changed or an affidavit filed with an address.

SIGNATURE: *Cathy L. Martinson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

4/25/95 813-885-7342