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Feb 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 728328 (6)

1. Corporation Name

MARTIN SHRINE HOLDING CO., INC.

Principal Place of Business

4066 GATOR TRACE ROAD
FT. PIERCE FL 34982

Mailing Address

4066 GATOR TRACE ROAD
FT. PIERCE FL 34982-6830



3. Date Incorporated or Qualified
01/24/1974

3a. Date of Last Report
02/15/1996

4. FEI Number

23-7326973

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. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSS, T. WESLEY
4066 GATOR TRACE ROAD
FT. PIERCE FL 34982

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE PD
NAME LARKINS, CLIFFORD H.
STREET ADDRESS 1237-B SOUTH LAKES END DRIVE
CITY-ST-ZIP FORT PIERCE FL ☒ DELETE

TITLE PD
NAME FRENCH, LEROY G
STREET ADDRESS 414 ROBALA COURT
CITY-ST-ZIP STUART FL 34986 ☒ DELETE

TITLE SD
NAME RUSS, T. W
STREET ADDRESS 4066 GATOR TRACE ROAD
CITY-ST-ZIP FT. PIERCE FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME BRIARD, WALTER EDWARD
1.3 STREET ADDRESS 4896 SE MANATEE COVE ROAD
1.4 CITY-ST-ZIP STUART, FL 34997

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME GEMME, HARVEY W.
2.3 STREET ADDRESS 10360 SE JUP. NARROWS DR.
2.4 CITY-ST-ZIP HOBE SOUND, FL 33455

3.1 TITLE TD ☐ Change ☒ Addition
3.2 NAME ZOLDAK, JACOB T.
3.3 STREET ADDRESS 500 NE SAPPHIRE WAY
3.4 CITY-ST-ZIP JENSEN BEACH, FL 34957

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-97

Date

Daytime Phone # 0071545

CR2E037 (9/96)