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Apr 26, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # 821625

1. Corporation Name
MARTIN ELECTRONICS, INC.

Principal Place of Business	Mailing Address
RT 1 BOX 700 PERRY FL 32347	RT 1 BOX 700 PERRY FL 32347

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/08/1968

2. Principal Place of Business	2a. Mailing Address
21 10625 PUCKETT ROAD	26 10625 PUCKETT ROAD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PERRY, FL	City & State 28 PERRY, FL
Zip / Country 24 32347 25	Zip / Country 29 32347 30

4. FEI Number: 52-0641853 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		XX Change ☐ Addition
NAME	YORK, R.		1.2 NAME		
STREET ADDRESS	ROUTE 1		1.3 STREET ADDRESS	10625 PUCKETT ROAD	
CITY-ST-ZIP	PERRY FL		1.4 CITY-ST-ZIP	PERRY, FL 32347	
TITLE	V	XX DELETE	2.1 TITLE	P	☐ Change XX Addition
NAME	WEDDLE, R. B.JR.		2.2 NAME	COLE, DAVID A.	
STREET ADDRESS	ROUTE 1		2.3 STREET ADDRESS	10625 PUCKETT ROAD	
CITY-ST-ZIP	PERRY FL		2.4 CITY-ST-ZIP	PERRY, FL 32347	
TITLE	V	☐ DELETE	3.1 TITLE		XX Change ☐ Addition
NAME	HAMILTON, J.		3.2 NAME		
STREET ADDRESS	ROUTE 1		3.3 STREET ADDRESS	10625 PUCKETT ROAD	
CITY-ST-ZIP	PERRY FL		3.4 CITY-ST-ZIP	PERRY, FL 32347	
TITLE	AST	☐ DELETE	4.1 TITLE		XX Change ☐ Addition
NAME	TAYLOR, E.R.		4.2 NAME		
STREET ADDRESS	ROUTE 1		4.3 STREET ADDRESS	10625 PUCKETT ROAD	
CITY-ST-ZIP	PERRY FL		4.4 CITY-ST-ZIP	PERRY, FL 32347	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, MARK E.		5.2 NAME		
STREET ADDRESS	RT 1 BOX 135E		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOT SPRINGS NC		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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: E. RONALD BENDERS 4/21/99 850 584 2634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)