

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **826075** (4)

1. Corporation Name  
**MARTIN FIREPROOFING GEORGIA, INC.**



Principal Place of Business: HWY 17, P O BOX 768, ELBERTON GEORGIA 30635  
Mailing Address: HWY 17, P O BOX 768, ELBERTON GEORGIA 30635

3. Date Incorporated or Qualified: **04/23/1971**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-headers for Suite, City, State, Zip, and Country.

4. FEI Number: **58-1030029**  
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

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State, and 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
1. TITLE:  DELETE  
NAME: **PDT MARTIN JR, CHAS A**  
STREET ADDRESS: **103 LAKE LEDGE DR**  
CITY - ST - ZIP: **WILLIAMSVILLE NY**  
2. TITLE:  DELETE  
NAME: **VD MARTIN, THOMAS J.**  
STREET ADDRESS: **28 PLYMOUTH PLACE**  
CITY - ST - ZIP: **WILLIAMSVILLE NY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE:  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE:  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

NAME: **MARTIN, JOHN D.**  
STREET ADDRESS: **31 LAKE LEDGE DR**  
CITY - ST - ZIP: **WILLIAMSVILLE NY**  
TITLE:  DELETE  
NAME: **V ADAMS, JAMES B JR**  
STREET ADDRESS: **RT 1 BOX 340**  
CITY - ST - ZIP: **ELBERTON GA**

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE:  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE:  DELETE  
NAME: **S BOWMAN, DANIEL J**  
STREET ADDRESS: **41 CENTERVIEW DR**  
CITY - ST - ZIP: **WEST SENECA NY**  
TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
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 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 an address.

SIGNATURE: *[Signature]* SECRETARY **4/29/96** (706) 283-6942  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)