

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 29 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # 826075 (4)**  
1. Corporation Name  
**MARTIN FIREPROOFING GEORGIA, INC.**



Principal Place of Business <b>HWY 17 P O BOX 768 ELBERTON GEORGIA 30635</b>	Mailing Address <b>HWY 17 P O BOX 768 ELBERTON GEORGIA 30635-0768</b>
---	--

3. Date Incorporated or Qualified <b>04/23/1971</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>58-1030029</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>1318 Washington Hwy.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 768</b> Suite, Apt. #, etc.
22 City & State 23 <b>Elberton Georgia</b>	27 City & State 28 <b>Elberton Georgia</b>
24 <b>30635</b> 25 Country	29 <b>30635</b> 30 Country

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	81 Name	10. Name and Address of New Registered Agent
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PDT</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>MARTIN JR, CHAS A</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARTIN JR, CHAS A</b>		1.2 NAME	
STREET ADDRESS <b>103 LAKE LEDGE DR</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>WILLIAMSVILLE NY</b>		1.4 CITY-ST-ZIP <b>14221</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>MARTIN, THOMAS J.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARTIN, THOMAS J.</b>		2.2 NAME	
STREET ADDRESS <b>28 PLYMOUTH PLACE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>WILLIAMSVILLE NY</b>		2.4 CITY-ST-ZIP <b>14221</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>MARTIN, JOHN D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARTIN, JOHN D.</b>		3.2 NAME	
STREET ADDRESS <b>31 LAKE LEDGE DR</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>WILLIAMSVILLE NY</b>		3.4 CITY-ST-ZIP <b>14221</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>ADAMS, JAMES B JR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ADAMS, JAMES B JR</b>		4.2 NAME	
STREET ADDRESS <b>RT 1 BOX 340</b>		4.3 STREET ADDRESS <b>1862 Lexington Hwy.</b>	
CITY-ST-ZIP <b>ELBERTON GA</b>		4.4 CITY-ST-ZIP <b>30635</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>BOWMAN, DANIEL, J</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BOWMAN, DANIEL, J</b>		5.2 NAME	
STREET ADDRESS <b>41 CENTERVIEW DR</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>WEST SENECA NY</b>		5.4 CITY-ST-ZIP <b>14224</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Morham* Secretary Date: 12/13/97 Daytime Phone #: (706)283-6942

CR2E034 (9/96)