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FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

Principal Place of Business
1318 WASHINGTON HWY.
P O BOX 768
ELBERTON GEORGIA 30635
US

Mailing Address
P.O BOX 768
P O BOX 768
ELBERTON GEORGIA 30635
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/23/1971

4. FEI Number
58-1030029
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME PD
STREET ADDRESS MARTIN JR, CHAS A
CITY-ST-ZIP 103 LAKE LEDGE DR
WILLIAMSVILLE NY

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 14221

TITLE ☐ DELETE
NAME VD
STREET ADDRESS MARTIN, THOMAS J.
CITY-ST-ZIP 28 PLYMOUTH PLACE
WILLIAMSVILLE NY

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 14221

TITLE ☐ DELETE
NAME VD
STREET ADDRESS MARTIN, JOHN D.
CITY-ST-ZIP 31 LAKE LEDGE DR
WILLIAMSVILLE NY

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 14221

TITLE ☐ DELETE
NAME V
STREET ADDRESS ADAMS, JAMES B JR
CITY-ST-ZIP 1862 LEXINGTON HWY.
ELBERTON GA

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 30635

TITLE ☐ DELETE
NAME S
STREET ADDRESS BOWMAN, DANIEL, J
CITY-ST-ZIP 41 CENTERVIEW DR
WEST SENECA NY

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 14224

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE

Secretary

1/2/98 (706) 283-6942

CR2E034 (10/97)