

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90030 049 ***150.00

DOCUMENT # 826075

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 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

TITLE	PDT	<input type="checkbox"/> DELETE
NAME	MARTIN JR. CHAS A	
STREET ADDRESS	103 LAKE LEDGE DR	
CITY-ST-ZIP	WILLIAMSVILLE NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARTIN, THOMAS J.	
STREET ADDRESS	28 PLYMOUTH PLACE	
CITY-ST-ZIP	WILLIAMSVILLE NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARTIN, JOHN D.	
STREET ADDRESS	31 LAKE LEDGE DR	
CITY-ST-ZIP	WILLIAMSVILLE NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ADAMS, JAMES B JR	
STREET ADDRESS	1862 LEXINGTON HWY.	
CITY-ST-ZIP	ELBERTON GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BOWMAN, DANIEL, J	
STREET ADDRESS	41 CENTERVIEW DR	
CITY-ST-ZIP	WEST SENECA NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	2200 MILITARY RD	
1.4 CITY-ST-ZIP	TONAWANDA NY 14150	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P D T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

Daniel J. Bowman
DANIEL J. BOWMAN
SECRETARY

Date

Daytime Phone #

67067 283-6942

CR2E034 (11/98)