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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90030 049 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 826075

1. Corporation Name
MARTIN FIREPROOFING GEORGIA, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
04/23/1971

4. FEI Number
58-1030029

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$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
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

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

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 **3/4/99** Daytime Phone # **706 283-6942**

CR2E034 (11/98)