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CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 20 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **855947** **(8)**

1. Corporation Name
MARTIN ORLANDO PROPERTIES, INC.

Principal Place of Business	Mailing Address
6801 ROCKLEDGE DR. BETHESDA MD 20817	6801 ROCKLEDGE DR. BETHESDA MD 20817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/29/1983**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **52-1290322** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) / (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25) / Zip (29) Country (30)
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BENNETT, MARCUS C.	12 NAME	
STREET ADDRESS	6801 ROCKLEDGE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	BASHAW, JENNIFER E	22 NAME	
STREET ADDRESS	6801 ROCKLEDGE DR.	23 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	24 CITY-ST-ZIP	
TITLE	VTD	31 TITLE	☐ Change ☐ Addition
NAME	MCGREGOR, JANET L	32 NAME	
STREET ADDRESS	6801 ROCKLEDGE DR.	33 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	34 CITY-ST-ZIP	
TITLE	AT	41 TITLE	☐ Change ☐ Addition
NAME	IDE, MARCUS B.	42 NAME	
STREET ADDRESS	6801 ROCKLEDGE DR.	43 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	QUINN, THOMAS J.	52 NAME	
STREET ADDRESS	195 CHESAPEAKE PARK PLAZA	53 STREET ADDRESS	
CITY-ST-ZIP	MIDDLE RIVER MD	54 CITY-ST-ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	TRIPPETT, LILLIAN M	62 NAME	
STREET ADDRESS	6801 ROCKLEDGE DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	64 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)(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: J. E. Bashaw **J. E. Bashaw** **4/13/95** **301-897-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Secretary

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