FILED Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90085 029 ***150.00

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

DOCUMENT # F04575

1. Corporation Name

PETER W. MARTIN, CHARTERED

Principal Place of Business			Mailing Address										
2014 4TH ST			C/O PETER W. MARTIN. CHARTERED										
SARASOTA FL 34237-4304			P O BOX 49257					DO NOT WRITE IN THIS SPACE					
US			SARASOTA FL 34230-6257					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
			US					11/06/1980					
					_			,					
2. Principal Place of Business			2a. Mailing Address									plied For	
21				_		59-2039064					t Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. (Certifcate of S	Status Desired		\$8.75		
22			27				ļ				Fee Re		
City & State			City & State				!		paign Financing		\$5.00	- 1	
			28				+	Trust Fund Co			Added 1	o Fees	
Zip Country			Zip Country				1	•	on owes the curr	ent year Int			
25			29 30				Personal Property Tax. Yes No						
	9. Name and Address of Curren	t Regis	stered Agent				10.	Name and Ad	ddress of New F	Registered	Agent		
				8	11	Name							
FARMER, BILLIE J.			8			Street Address (P.O. Box Number is Not Acceptable)							
2014 FOURTH STREET						Ou cor Addic	1) 000	O. Box Hamb	O. 10 1101 11000 p	,			
SARASOTA FL 34237													
				L	4						1		
				8	34	City				FL	85 Zip (Code	
11 Pursuant	to the provisions of Sections 607.050	2 and 6	307.1508. Florida Statutes	s, the abo	ve	-named corpo	oration	submits this s	statement for the	purpose of	changing its	registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Flori	da. Such change was aut	nonzea t)V [ine corporatioi	n's boa	ard of director	s. I hereby accer	ot the appoi	ntment as re	gisterea	
	III fallillar with and accept the obliga		, 2000011 00110000, 11011									Į	
SIGNATURE	Registered A	gent	signature required				DATE						
12. OFFICERS AND			DIRECTORS 13.				A	DDITIONS/CI	HANGES.TO OF	FICERS AN			
TITLE	DP		☐ DELETE	1.1 TITLE	Ξ						Change	☐ Addition	
NAME	Martin, Peter W			1.2 NAM	Ε					_	_	į	
STREET ADDRESS	4125 CARRIAGE DR			1.3 STR	EET	ADDRESS 3	118	DICK	WILS	C MC	R	ļ	
	SARASOTA FL			1.4 CITY	-ST	ZIP 5	ARI	ASOTA	WILS.	.34	240		
CITY-ST-ZIP TITLE	0,48,001,2		☐ DELETE	2.1 TITLE		~ •	4111	1 ()			Change	Addition	
				2.2 NAM									
NAME				1		ADDRESS							
STREET ADDRESS						•						- 1	
CITY-ST-ZIP				2 4 CM		T-ZIP					[] Change	Addition	
TITLE			☐ DELETE	3.1 TITLE						•	LJ Change		
NAME				3.2 NAM	_						•		
STREET ADDRESS				3.3 STR	EET	ADDRESS		•				-	
CITY-ST-ZIP				3.4. CITY	(-S1	T-ZIP					F7.6:	, , , , , , , , , , , , , , , , , , ,	
TITLE			☐ DELETE	4.1 TITL	E						Change	☐ Addition	
NAME				4. 2 NAN	Æ]							
STREET ADDRESS				4.3 STR	EET	ADDRESS							
CITY-ST-ZIP				4.4 CITY	ST	- ZIP							
TITLE			☐ DELETE	5.1 TITL							Change	☐ Addition	
NAME				5.2 NAM						,		'	
				5.3 STRI	EET	ADDRESS							
STREET ADDRESS				5.4 CITY									
CITY-ST-ZIP				6.1 TITL							Change	☐ Addition	
TITLE				6.2 NAM								_ ' ' ' '	
NAME						ADDRESS						ļ	
ATDECT ADDECAS						CHUNEAN I							

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 of 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 of 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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP