

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

FILED  
Mar 20 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 # F97254 (9)

1. Corporation Name  
MARTIN CAMPERS, INC.

Principal Place of Business

2950 U.S. 90 WEST  
P.O. BOX 357  
LAKE CITY FL 32056-7357

Mailing Address

2950 U.S. 90 WEST  
P.O. BOX 357  
LAKE CITY FL 32056-0357  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1982

4. FEI Number

59-2219946

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

21 ROUTE 10 BOX 545

Suite, Apt. #, etc.

22 City & State

23 LAKE CITY FL

24 Zip

32025

25 Country

USA

2a. Mailing Address

26 PO BOX 357

Suite, Apt. #, etc.

27 City & State

28 LAKE CITY FL

29 Zip

32056

30 Country

USA

9. Name and Address of Current Registered Agent

MARTIN, ROBERT P.  
2950 U.S. 90 WEST  
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name ROBERT P. MARTIN

82 Street Address (P.O. Box Number is Not Acceptable)  
ROUTE 10 BOX 545

83 NOTE: NEW ADDRESS

84 City LAKE CITY

FL

85 Zip Code

32025

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 PD ☐ DELETE

NAME MARTIN, ROBERT P  
STREET ADDRESS RT 10 BOX 775  
CITY-ST-ZIP LAKE CITY, FL 00000

TITLE STD ☐ DELETE

NAME MARTIN, SHIRLEY E  
STREET ADDRESS RT 10 BOX 775  
CITY-ST-ZIP LAKE CITY, FL 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME MARTIN, ROBERT P  
1.3 STREET ADDRESS ROUTE 10 BOX 545  
1.4 CITY-ST-ZIP LAKE CITY FL 32025

2.1 TITLE STD ☒ Change ☐ Addition

2.2 NAME MARTIN, SHIRLEY E  
2.3 STREET ADDRESS ROUTE 10 BOX 545  
2.4 CITY-ST-ZIP LAKE CITY FL 32025

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 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

Robert P. Martin

3/12/98 2950 U.S. 90 WEST LAKE CITY FL 32055

CR2E034 (10/97)