

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 11, 1999 8:00 am
Secretary of State

03-11-1999 90247 013 ***150.00

DOCUMENT # F98000006206

1. Corporation Name
MARTIN SURFACING, INC.



Principal Place of Business
16 ALT ROAD
P.O. BOX 1289
HUNT VALLEY MD 21020

Mailing Address
16 ALT ROAD
P.O. BOX 1289
HUNT VALLEY MD 21020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1998

4. FEI Number

52-2068311

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BEYNON, JOHN T	
STREET ADDRESS	1685 CAMPBELL ROAD	
CITY-ST-ZIP	FOREST HILL MD 21050	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COLLIER, DANNY	
STREET ADDRESS	2505 CLOVER GLEN DRIVE	
CITY-ST-ZIP	EDMON OK 73013	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KUNKEL, ROLAND	
STREET ADDRESS	63 CHAMINADE DRIVE	
CITY-ST-ZIP	ST. LOUIS MO 63141	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MEDVED, THOMAS M	
STREET ADDRESS	706 PARRY BLVD.	
CITY-ST-ZIP	CINNAMINSON NJ 08077	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FISHER, STEPHEN D	
STREET ADDRESS	6 STONE SPRING CT	
CITY-ST-ZIP	CATONSVILLE MD 21228	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLAVER, ROBERT	
STREET ADDRESS	MOLENWEG 81, 534 AC	
CITY-ST-ZIP	OSS, NETHERLANDA	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input 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:

Stephen D. Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY/TREAS.

3-9-99

Date

410-584-7667

Daytime Phone #

CR2E034 (11/98)