

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

FILED
Jan 26, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



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

01-26-1999 90016 019 ****150.00

DOCUMENT # F98000006338
1. Corporation Name
D. MARTIN AND ASSOCIATES, INC.



Principal Place of Business: 1515 NORTH SANBORN BLVD. MITCHELL SD 57301-1021
Mailing Address: 1515 NORTH SANBORN BLVD. MITCHELL SD 57301-1021

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
i 1 Suite, Apt. #, etc.
2 City & State
3 Zip Country
4 25 29 30

3. Date Incorporated or Qualified: 11/18/1998
4. FEI Number: 46-0350212 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

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: P [] DELETE
NAME: MARTIN, DOUGLAS F
STREET ADDRESS: 1515 NORTH SANBORN BLVD.
CITY-ST-ZIP: MITCHELL SD 57301-1021
TITLE: VP [] DELETE
NAME: MUSICK, ROGER D
STREET ADDRESS: 1515 NORTH SANBORN BLVD.
CITY-ST-ZIP: MITCHELL SD 57301-1021
TITLE: ST [] DELETE
NAME: KELLEY, HARVEY L.
STREET ADDRESS: 1515 NORTH SANBORN BLVD.
CITY-ST-ZIP: MITCHELL SD 57301-1021
TITLE: VP [] DELETE
NAME: BARTELS, KEITH A
STREET ADDRESS: 1515 NORTH SANBORN BLVD.
CITY-ST-ZIP: MITCHELL SD 57301-1021
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 [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
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, with all other like empowered.

SIGNATURE: _____ PRESIDENT 1/8/99 (605) 995-2565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1030032

CR2E034 (11/98)