

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  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90222 001 \*\*\*150.00

DOCUMENT # G56696

1. Corporation Name

MARTOHUE CORPORATION

Principal Place of Business

% STANLEY A. McDONALD  
STE. 307, 4099 TAMiami TRAIL NORTH  
NAPLES FL 34103

Mailing Address

% STANLEY A. McDONALD  
STE. 307, 4099 TAMiami TRAIL NORTH  
NAPLES FL 34103



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1983

4. FEI Number

59-2318703

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

c/o Stanley A. McDonald

Suite, Apt. #, etc.

2430 Shadowlawn Dr #12

City & State

Naples, FL 34112

Zip Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

2430 Shadowlawn Dr #12

City & State

Naples, FL 34112

Zip Country

28

30

9. Name and Address of Current Registered Agent

MCDONALD, STANLEY A.  
STE. 307  
4099 TAMiami TRAIL NORTH  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

Stanley A. McDonald

82 Street Address (P.O. Box Number is Not Acceptable)

2430 Shadowlawn Dr., #12

83

84 City

Naples,

FL

85 Zip Code

34112

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

Stanley A. McDonald

Stanley A. McDonald April 21, 1999

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 DSP ☐ DELETE

NAME MARTOHUE, PATRICIA A

STREET ADDRESS 1234 8TH ST., S.

CITY-ST-ZIP NAPLES FL

TITLE AS ☐ DELETE

NAME MCDONALD, STANLEY A.

STREET ADDRESS 4099 TAMiami TRAIL N

CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

579 101st Ave N

1.4 CITY-ST-ZIP

Naples, FL 34108

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2430 Shadowlawn Dr. #12

2.4 CITY-ST-ZIP

Naples, FL 34112

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

Stanley A. McDonald

Stanley A. McDonald A/S

4-21-99

Date

Daytime Phone #

CR2E034 (11/98)