FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:04

DOCUMENT # **G73586** **(1)**

1. Corporation Name
REGGIE MARTIN AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
WILMINGTON TRUST OF FLA., N.A. P.O. BOX 1199 STUART FL 34995	WILMINGTON TRUST OF FLA., N.A. P.O. BOX 1199 STUART FL 34995

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/06/1983
3a. Date of Last Report: 03/31/1994

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

4. FEI Number: 59-2347560 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WOOD, HARLESTON R JR.
1000 BRICKELL AVE STE 300
MIAMI FL 33131

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPV	1.1 TITLE	☒ Change ☐ Addition
NAME	MARTIN, REGINALD	1.2 NAME	
STREET ADDRESS	2255 SW CREEKSIDE DR	1.3 STREET ADDRESS	900 E. Ocean Blvd, Suite 144
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	Stuart, FL 34994
TITLE	T	2.1 TITLE	☒ Change ☐ Addition
NAME	MARTIN, REGINALD	2.2 NAME	
STREET ADDRESS	2255 SW CREEKSIDE DR	2.3 STREET ADDRESS	900 E. Ocean Blvd, Suite 144
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP	Stuart, FL 34994
TITLE	S	3.1 TITLE	☒ Change ☐ Addition
NAME	MARTIN, MARGARET	3.2 NAME	
STREET ADDRESS	2255 SW CREEKSIDE DR	3.3 STREET ADDRESS	DECEASED 10/2/93
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Wilmington Trust of Florida, N.A., Trustee for Sole Shareholder 3/27/95 (407) 286-3246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Authorized Signature KATHLEEN CROFT

0304251 CP