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2002 IINIEGRA RIISIMESS REPORT (IIRRI

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DOCUMENT # H84712 1. Entity Name					Apr 02, 2002 8:00 am Secretary of State			
CARL M/	ARTIN AGENCY, INC.					04-02-2002 90909	013 ***150.0	00
Principal Plac	ce of Business	Mailing Address						
- 2107 MANGO)	2107 MANGO						
JACKSONVILLE FL 32207		JACKSONVILLE FL 32207						
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Suite, Apt.		Suite, Apt. #, etc.	<u> </u>	<u> </u>		DO NOT WRITE IN T	THIS SPACE	
							 	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. FE	Number 59-2601350		oplied For ot Applicable	
Zip	Country	Zip	FL Country			_	¢0.75 Ad	
32216-6		32216-6347	DUVAL		~5 : Ce	ertificate of Status Desired : ::	Fee Require	
	6. Name and Address of Current I	Registered Agent	Name -		7. Na	me and Address of New Registe	red Agent	
A S A POTTA I	048		Name NIC	HOLAS	T.	SIMONIC		
MARTIN, CARL 2107 MANGO				Street Address (P.O. Box Number is Not Acceptable)				
	NVILLE FL 32207		673	U PER.	TIME I	ER PARK BLVD.		•
JACKSON	VILLE PL 32201		- City			· - ·	Zip Cod	
			City	KSONV	ПЛЕ		FL Zip Cod	6-6347
			0110	TOOLIA -		-		
8. The above	named entity submits this statement for	the purpose of changing its						
8. The above	e named entity submits this statement for	the purpose of changing its				nt, or both, in the State of Florida.		
8. The above	Victolas	7. Limo	registered office	or registere	ed ager	nt, or both, in the State of Florida.	1-02	
SIGNATURE	Signature, typed or printed name of registered agent a	T L mo	registered office	or registere	ed ager	nt, or both, in the State of Florida.		
SIGNATURE 9. This corpo	Signature, typed or printed name of registered agent a coration is eligible to satisfy its Intangible	nd title if applicable. (NOTI	registered office Registered Agent sign FEE IS \$150	or registere T ature required	ed ager	nt, or both, in the State of Florida. 3 - 2 stating) D 10. Election Campaign Financing	/-02_ ATE \$5.0	
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13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CAROL R. MARTIN

904/928-1040

CR2E034 (9/01)