

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED  
AND  
FILED

CORPORATION  
ANNUAL REPORT  
1995



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

95-MAY-1 AM 8:19

DOCUMENT # **J54258** (5)  
1. Corporation Name  
**ALICE MARTIN, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**22083 US 19 N. CLEARWATER FL 32314** **22083 US 19 N. CLEARWATER FL 32314**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/27/1987** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2766368** 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**  
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **4825 140TH AVE N** 26 **4825 140TH AVE N**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **STE H** 27 **STE H**  
City & State City & State  
23 **CLEARWATER, FL** 28 **CLEARWATER, FL**  
Zip Country Zip Country  
24 **34622** 25 **PINELLAS** 29 **34622** 30 **PINELLAS**

9. Name and Address of Current Registered Agent  
**MARTIN, GEORGE**  
**1600 GULF BLVD. #218**  
**CLEARWATER FL 34630**

10. Name and Address of New Registered Agent  
81 Name **ALICE MARTIN**  
82 Street Address (P.O. Box Number is Not Acceptable) **4825 140TH AVE N**  
83 **STE H**  
84 City **CLEARWATER** FL 85 Zip Code **34622**

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 *Alice Martin* DATE **4/26/95**

12. OFFICERS AND DIRECTORS

|                 |                                |
|-----------------|--------------------------------|
| TITLE           | <del>MARTIN, ALICE</del>       |
| NAME            | <del>1660 GULF BLVD #705</del> |
| STREET ADDRESS  | <del>CLEARWATER FL</del>       |
| CITY - ST - ZIP |                                |
| TITLE           | <del>MARTIN, GEORGE</del>      |
| NAME            | <del>1660 GULF BLVD #705</del> |
| STREET ADDRESS  | <del>CLEARWATER FL</del>       |
| CITY - ST - ZIP |                                |
| TITLE           |                                |
| NAME            |                                |
| STREET ADDRESS  |                                |
| CITY - ST - ZIP |                                |
| TITLE           |                                |
| NAME            |                                |
| STREET ADDRESS  |                                |
| CITY - ST - ZIP |                                |
| TITLE           |                                |
| NAME            |                                |
| STREET ADDRESS  |                                |
| CITY - ST - ZIP |                                |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                |  |
|---------------------|--------------------------------|--|
| 1.1 TITLE           | <b>D/P</b>                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | <b>MARTIN, ALICE</b>           |  |
| 1.3 STREET ADDRESS  | <b>4825 140TH AVE N, STE H</b> |  |
| 1.4 CITY - ST - ZIP | <b>CLEARWATER, FL 34622</b>    |  |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 appointed to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment thereto.

SIGNATURE: *Alice Martin* DATE **4/26/95** TIME **9:53** 532-4000