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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS

CHY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L18975

(7)

A B MARTIN BUILDING SUPPLY, INC.

Principal Place of Business Mailing Address C/O A. B. MARTIN C/O A. B. MARTIN 3680 NW 135TH STREET 3680 NW 135TH STREET MIAMI FL 33054 MIAMI FL 33054-4802 3. Date Incorporated or Qualified 3a. Date of Last Report 09/26/1989 03/22/1996 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 26 65-0153292 Not Applicable 21 Suito, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARTIN, A. B. **3680 NW 135TH STREET** 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33054 B3** 84 City 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) Signature, typed or printed name of registered agent and tick if applicable (96/6)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE PD NAME MARTIN, A. B. 1.2 NAME CR2E034 3680 NW 135TH ST. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE S COFIELD, LOUISE 2.2 NAME NAME STREET ADDRESS 3680 NW 135TH ST 2.3 STREET ADDRESS 0/TY - ST - 21P OPA LOCKA FL 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY - ST - ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-7-P DELETE Addition 61 TITLE TITLE

AB Martin President akkn

14. I do 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

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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