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

FILED Mar 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISIÓN OF CORPORATIONS DOCUMENT # L55185 MARTIN SERVICE COMPANY, INC. Principal Place of Business Mailing Address C/O BRADFORD MARTIN C/O BRADFORD MARTIN 411 HARPER ROAD 411 HARPER ROAD DO NOT WRITE IN THIS SPACE PIERSON FL 32180 PIERSON FL 32180 3. Date Incorporated or Qualified 03/02/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3008889 21 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zψ Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30. 24 30 25 29 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name MARTIN, BRADFORD 411 HARPER ROAD Street Address (P.O. Box Number is Not Acceptable) PIERSON FL 32180 83 84 City 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 907.0505, Florida Statutes. SIGNATURE 12. 13. ADDITIONS/CHANGE DELETE ☐ Change Addition TITLE 1.1 TITLE MARTIN, BRADFORD H. 1.2 NAME NAME 411 HARPER ROAD 1.3 STREET ADDRESS STREET ADDRESS PIERSON FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP ___ Addition DELETE Change TITLE 3.1 TILLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. City-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP Change ■ Addition DELETE 6.1 TITLE TITLE

14. Thereby 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.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS CITY-ST-ZIP