

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L65733

(2)

1. Corporation Name

MARTIN'S ICE CREAM STORE, INC.



Principal Place of Business

Mailing Address

C/O ROBERT J. MARTIN
7153 W HWY 98
PANAMA CITY FL 32407
US

C/O ROBERT J. MARTIN
BOX 28017
PANAMA CITY FL 32411
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

7151 W HWY 98

Suite, Apt. #, etc.

22

27

City & State

STE 207

City & State

23

28

Zip

Country

PANAMA CITY FL

Zip

Country

24

25

29

30

32407

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, ROBERT J.
611 AMBERJACK DR
BOX 28017
PANAMA CITY BCH FL 32411

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when substituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	MARTIN, ROBERT J.	611 AMBERJACK DR, BOX 28017	PANAMA CITY BCH FL	<input type="checkbox"/>
D	MARTIN, ELVA M.	611 AMBERJACK DR, BOX 28017	PANAMA CITY BCH FL	<input type="checkbox"/>
D	MARTIN, AARON G.	147 SECLUSION CIR	PANAMA CITY BCH FL	<input type="checkbox"/>
D	MARTIN, JOHN H.	5801 POPLAR CT	COLLEYVILLE TX	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. CHANGE	6. ADDITION
	MARTIN, ROBERT J.	7151 W HWY 98 STE 207	PANAMA CITY FL 32407	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	MARTIN, ELVA M.	7151 W HWY 98 STE 207	PANAMA CITY FL 32407	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96

9042338270

CR2E034 (12/95)