FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 26 AM 7:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M26751 (1)

1. Corporation Name
MARTIN FLORIDA LP, INC.

Principal Place of Business	Mailing Address
301 MAPLE AVENUE P.O. BOX 1460 PANAMA CITY FL 32402	301 MAPLE AVENUE P.O. BOX 1460 PANAMA CITY FL 32402

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/31/1986
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
County
30

4. FEI Number: 59-2571115 ☐ 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

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCINTYRE, JAMES E.
301 MAPLE AVENUE
PANAMA CITY FL 32402

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, RUBEN S. III	1.2 NAME	
STREET ADDRESS	101 E. SABINE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KILGORE TX	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	CHRISTMAS, R. BRUCE	2.2 NAME	
STREET ADDRESS	301 MAPLE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32402	2.4 CITY-ST-ZIP	
TITLE	DAS	3.1 TITLE	☐ Change ☐ Addition
NAME	SKELTON, WESLEY M.	3.2 NAME	
STREET ADDRESS	101 E. SABINE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KILGORE TX	3.4 CITY-ST-ZIP	
TITLE	DP	4.1 TITLE	☐ Change ☐ Addition
NAME	MCINTYRE, J. E.	4.2 NAME	
STREET ADDRESS	301 MAPLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, PATTI	5.2 NAME	
STREET ADDRESS	301 MAPLE AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32402	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	BONDURANT, ROBERT D	6.2 NAME	
STREET ADDRESS	101 E. SABINE	6.3 STREET ADDRESS	
CITY-ST-ZIP	KILGORE TX 75662	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 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.

SIGNATURE: James E. McIntyre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E. McIntyre
Date: 2/10/95
Daytime Phone #: (904) 872-6100

M26751

7.1 S
Patti Smith
301 Maple Avenue
Panama City, FL 32401

8.1 D
Scott D. Martin
101 East Sabine
Kilgore, TX 75662