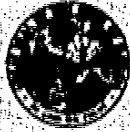


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # M26751

(1)

1. Corporation Name

MARTIN FLORIDA LP, INC.

Principal Place of Business

**301 MAPLE AVENUE
P.O. BOX 1480
PANAMA CITY FL 32402**

Mailing Address

**301 MAPLE AVENUE
P.O. BOX 1480
PANAMA CITY FL 32402**

**APPROVED
AND
FILED**

95 APR 26 AM 7:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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.

City & State

Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip

Country

4. FBI Number

59-2571115

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CD

**MARTIN, RUBEN S. III
101 E. SABINE
KILGORE TX**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

**CHRISTMAS, R. BRUCE
301 MAPLE AVE.
PANAMA CITY FL 32402**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DAS

**SKELTON, WESLEY M.
101 E. SABINE
KILGORE TX**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP

**MCINTYRE, J. E.
301 MAPLE
PANAMA CITY FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

**SMITH, PATTI
301 MAPLE AVE.
PANAMA CITY FL 32402**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Y

**BONDURANT, ROBERT D
101 E. SABINE
KILGORE TX 75682**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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)(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 907, 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

James E. McIntyre

Date

Signature #

2/10/95 (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