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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # M68439

MARTIN MOTORS OF PENSACOLA, INC.

	•						
Principal Pla	ce of Business	Mailing Address			I ARMADII UD BUOT ISTII BIDOR I		1841 BIBIS 1881
6450 PENSACOLA BLVD C/O THOMAS N. TUCKER PENSACOLA FL 32505  6450 PENSACOLA BLVD C/O THOMAS N. TUCKER PENSACOLA FL 32505  6450 PENSACOLA BLVD C/O THOMAS N. TUCKER PENSACOLA FL 32505			R .	•	DO NOT WR	TE IN THIS SPACE	
			,		3. Date Incorporated or Qualifed		
,	•				02/10/1988		
2. Principal I	Place of Business	2a. Mailing Address	÷		4. FEI Number	Ap	olied For
21	•	26			59-2873564	No	t Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			- 6 Certifcate of Status Desired -	\$8.75.A	
22	· · · · · · · · · · · · · · · · · · ·	27				Fee Re	quired
City & Sta	ite .	City & State			6. Election Campaign Financing	□ \$5.00	
23		28	<del></del>		Trust Fund Contribution	Added to	Fees
· Zip	Country	Zip	Country		8. This corporation owes the curr		<del></del> 1
24	25 9. Name and Address of Cu	29	30		Personal Property Tax.		□No
	3. Rame and Address of Cu	Trent Registered Agent	81 1	Name	10. Name and Address of New I	Registered Agent	
ENF	INGER, A.L.		" "	iaine	·		
645	O PENSACOLA BLVD	ia Ro	<b>82</b> S	82 Street Address (P.O. Box Number is Not Acceptable)			
PEN	ISACOLA FL 32505		83		the second state of the second		
TENONOUENTE DESOS			63			法對轉門 法 翻译	12 318 118
	•	,	84 0	City		85 Zip C	ode
esen ocuarro	M. A. 342 M.	the state of the s				<u> </u>	
office or	registered agent, or both, in the St	late of Florida. Such change was	utes, the above-ha	amed corpo	pration submits this statement for the n's board of directors. I hereby accei	purpose of changing its of the appointment as rec	registered iistered
agent.	am familiar with, and accept the ob	oligations of, Section 607.0505, F	lorida Statutes.	•	oration submits this statement for the n's board of directors. I hereby accept		
SIGNATURE		· · · · · · · · · · · · · · · · · · ·					<u>·</u>
12.	Signature, typed or printed name of registered	d agent and title if applicable. (NO S AND DIRECTORS	TE: Registered Agent sign	nature required	when reinstating)	DATE	30 IN 40
TITLE	PD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OF	Change	Addition
NAME	ENFINGER, A. L.	( Deceie				Criange	☐ Addition
	6450 PENSACOLA BLVD.		1.2 NAME				
STREET ADDRESS	PENSACOLA FL	•	1.3 STREET ADD		-		
CITY-ST-ZIP	FENSACOLA FL	☐ DELETE	1.4 CITY-ST-ZIF	,			
TITLE '							To a deletion
NAME			2.1 TITLE		,	☐ Change	. Addition
STREET ADDRESS		,	2.2 NAME			☐ Change	. Addition
CITY-ST-ZIP		, october	2.2 NAME 2.3 STREET ADD		•	☐ Change	Addition
TITLE	2000		2.2 NAME 2.3 STREET ADE 2.4 CITY-ST-ZII				
	1968 January 1967	D DELETE	2.2 NAME 2.3 STREET ADD 2. 4 CITY-ST-ZII 3.1 TITLE			☐ Change	Addition
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14. I 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 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 in a placement with a address, with all other like empowered.

6.3 STREET ADDRESS

**SIGNATURE** 

CITY-ST-ZIP

**FILED** 

Jan 29, 1999 8:00am

**Secretary of State** 

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