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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

M68812

(0)

MARTIN GRADE LAND CORPORATION

Principal Place of Business	Mailing Address

5022 BAYSHORE RD SARASOTA FL 34234 5022 BAYSHORE RD SARASOTA FL 34234



•							3. Date Incorporated or Qualified 02/15/1988			3a. Date of Last Report 04/26/1995			
2.	Principal Place of Busin	iess	2a.	Mailing Address				4.	FEI Number			T	Applied For
21			26						65-0044252		ľ		Not Applicable
22	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5.	Certificate of Status Desired				5 Additional Required	
23	City & State		28	City & State			1	Election Campaign Financing Trust Fund Contribution	, D			00 May Be ed to Fees	
24	Zip	Country 25	29	Zip	Count 30	гу			This corporation has liability Florida Statutes	for intangil Yes 🔲 N		e s	199.032,
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
CDADY WILLIAM E						81 Name  82 Street Address (P.O. Box Number is Not Acceptable)							
555 COLORADO AVENUE					"	52 Street Address (1.0. Box Harrison is Not Acceptable)							
SUITE 1					83								
	STUART FL 34994				8	4	City				FL 85	Z	ip Code
11	Durguant to the provisi	ions of Sections 607	0502 and 60	7 1508 Florida Statu	rtoe the should	2.02	amod corrorat	ion e	ubmite this statement for the	DUIDOCO C	f changing	ire	ranistared office

registered office or registered officered agent, or both, in the State of Florida. Such changing its registered officered agent, or both, in the State of Florida. Such changing 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 reinstating) DATE									
	signature, typed or printed name or registered agent and title if applications OFFICERS AND DIRECTOR		DTE: Registered Agent signature required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS						
12.	PTD OFFICERS AND DIRECTOR	DELETE	13.	ADDITIONS/CHANGES TO OFFIC		Addition			
TITLE	· · · =	□ DECEIE	1. 1 TITLE		☐ Change	L. J Addition			
NAME	LINDSAY, DAVID B.		1.2 NAME						
STREET ADDRESS	5022 BAYSHORE RD		1.3 STREET ADDRESS						
CITY-ST-ZIP	SARASOTA FL		1.4 DITY-ST-ZIP						
TITLE	VSD	□ DELETE	2 1 TITLE		☐ Change	☐ Addition			
NAME	LINDSAY, EDWARD H.		2 2 NAME						
STREET ADDRESS	1003 BAYOU PL		23 STREET ADDRESS						
CITY-ST-ZIP	SARASOTA FL		2 4 CITY-ST-ZIP						
Trilé		☐ DELETE	3 1 TITLE		☐ Change	☐ Addition			
NAME			3.2 NAME						
STREET ADDRESS			3.3. \$1REET ADDRESS						
CHY-ST-ZIP			3.4 CITY - ST - ZIP						
TITLE		DELETE	4.1 TITLE		Change	Addition			
NAME			4.2 NAME						
STREET ADDRESS			4.3 \$TREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
THLE		☐ DELETE	5. 1 TITLE		☐ Change	☐ Addition			
NAME			5 2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CHTY-ST-ZIP			5 4 City-St-Zip						
TITLE		☐ DELETE	6 1 TITLE		☐ Change	☐ Addition			
NAME			6.2 NAME						

6.4 DITY-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)(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.

(941) 359-0472 (941)359-0472

6.3 STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE: /Edward H. Lindsay, Vice-Pres. 4/25/96