

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 22 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **N45442** (3)  
1. Corporation Name  
**MARTIN COUNTY HOTEL AND MOTEL ASSOCIATION, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>660 N.E. OCEAN BLVD.<br/>STUART FL 34996-1699</b> | Mailing Address<br><b>660 N.E. OCEAN BLVD.<br/>STUART FL 34996-1623</b> |
|---|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>10/03/1991</b> | 3a. Date of Last Report<br><b>07/02/1996</b> |
|--|--|

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|  |  |
|--|--|
| 4. FEI Number<br><b>65-0294155</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent  
**MCGAVOCK, JOSEPH J.  
950 S. FEDERAL HWY  
STUART FL 34994-3796**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Joseph J. McGavock* **Joseph J. McGavock, U.A.** **2/11/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |   |
|----------------|---|
| TITLE          | <b>D</b> <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>POWERS, STEPHEN J.</b>                           |
| STREET ADDRESS | <b>660 N.E. OCEAN BLVD.</b>                         |
| CITY-ST-ZIP    | <b>STUART FL</b>                                    |
| TITLE          | <b>D</b> <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>PULLEN, WILLIAM L.</b>                           |
| STREET ADDRESS | <b>3793 N.E. OCEAN BLVD.</b>                        |
| CITY-ST-ZIP    | <b>JENSEN BEACH FL</b>                              |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>MCGAVOCK, JOSEPH J.</b>                          |
| STREET ADDRESS | <b>950 S. FEDERAL HWY</b>                           |
| CITY-ST-ZIP    | <b>STUART FL</b>                                    |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>LAY, NORMAN W.</b>                               |
| STREET ADDRESS | <b>307 N. RIVER DR</b>                              |
| CITY-ST-ZIP    | <b>STUART FL</b>                                    |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>CALVERT, CHARLES</b>                             |
| STREET ADDRESS | <b>1209 S FEDERAL HWY</b>                           |
| CITY-ST-ZIP    | <b>STUART FL 34994</b>                              |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>HINCKLEY, RUTH</b>                               |
| STREET ADDRESS | <b>627 S. FEDERAL HWY</b>                           |
| CITY-ST-ZIP    | <b>STUART FL 34994</b>                              |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

**000002151860**  
**-04/23/97--01061--005**  
**\*\*\$61.25**

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph J. McGavock* **Joseph J. McGavock** **4/9/97** **561-287-3171**  
(NOTE: Registered Agent signature required when reinstating) Date Daytime Phone # 0072200

CR2E037 (9/96)