

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000040971 (2)

1. Corporation Name

MARTIN ASSOCIATES OF OCALA, INC.



Principal Place of Business

6952 N.E. 3RD PLACE
OCALA FL 34470

Mailing Address

6952 N.E. 3RD PLACE
OCALA FL 34470

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MARTIN, MELVIN M
6952 N.E. 3RD PLACE
OCALA FL 34470

3. Date Incorporated or Qualified

06/01/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3188932

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 s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

LARRY DALE MARTIN

82 Street Address (P.O. Box Number is Not Acceptable)

4221 S.W. 6th Ave.

83

84 City

Ocala

FL

85

Zip Code
34474

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

APRIL 29, 1996
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MARTIN, MELVIN M
STREET ADDRESS 6952 N.E. 3RD PLACE
CITY-ST-ZIP OCALA FL 34470

TITLE D ☐ DELETE
NAME MARTIN, LUCILLE P
STREET ADDRESS 6952 N.E. 3RD PLACE
CITY-ST-ZIP OCALA FL 34470

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME LARRY DALE MARTIN
1.3 STREET ADDRESS 4221 SW 6th Ave.
1.4 CITY-ST-ZIP Ocala, FL 34474

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME WALTER DALE MARTIN
2.3 STREET ADDRESS 4221 S.W. 6th Ave.
2.4 CITY-ST-ZIP Ocala, FL 34474

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME BRADLEY DALE MARTIN
3.3 STREET ADDRESS 4221 SW 6th Ave.
3.4 CITY-ST-ZIP Ocala, FL 34474

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME KEVIN SCOTT MARTIN
4.3 STREET ADDRESS 4221 SW 6th Ave.
4.4 CITY-ST-ZIP Ocala, FL 34474

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME JANICE L. MARTIN
5.3 STREET ADDRESS 4221 SW 6th Ave.
5.4 CITY-ST-ZIP Ocala, FL 34474

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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.

SIGNATURE:

Melvin M. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96 (352) 236-2690
DATE DAYTIME PHONE #

CR2E034 (12/95)