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

CORPORATION . ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000061668 (8)

MARTIN BUILDER SUPPLY & HARDWARE, INC.

FILED Mar 31 1998 8:00 am Secretary of State



Principal Place of Business Mailing Address				+ reduced the cause this data each data sette date bish bish ofth solid into		
B20 N COUNTY HWY 393 B20 N COUNTY HW 393 SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL US US			32459		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 08/30/1993	
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		···.	59-3174526	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	de 	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the	current year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cur				10. Name and Address of New Registers	d Agent
WE	ENSEL, KATHY M 💮 💳 🤇	see name chan	81 سج	Name K	ATHY MARTIN	
	D N COUNTY HWY 393		82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
₹ SA	NTA ROSA BCH. FL 32459		83			
•			83			
			84	City	F	85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.0 registered agent, or both, in the St	0502 and 607.1508, Florida Statut ate of Florida. Such change was a	es, the above authorized by	e-named corp the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
	m familiar with, and accept the of	oligations of, Section 607.0505, Fix	orida Statutes	i.		
SIGNATURE	Signature, typed or printed name of togethered	agent and title if applicable (NOT	E. Renistered Age	nt signature requir	ed when re-installing) DATE	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			Change Addition
NAME	Martin, Frank a		1.2 NAME			
STREET ADDRESS	P.O. BOX 805 N/A		1.3 STREET	ADDRESS		
CITY-ST-ZIP	FORT PAYNE AL 35967		1.4 CITY - \$	T-ZIP		
TITLE	VP DELETE		2 1 THTLE			Change Addition
NAME	WENSEL, SCOTT H.		2.2 NAME			
STREET ADDRESS	P.O BOX 1450 N/A		2.3 STREET	ADDRESS		
CITY-ST-ZIP	SANTA ROSA BEACH FL		2. 4 CITY - S	IT-ZIP		
TITLE	\$T	DELETE	3 1 TITLE			Change Addition
NAME		MRHINIKATHY	3.2 NAME			ļ
STREET ADORESS	P O BOX 1450 N/A		3.3 STREET	ADDRESS		
CITY-ST-ZIP	SANTA ROSA BEACH FL 3		3.4. CITY - 5	T-ZIP		
TITLE		DELETE	4.1 TITLE	ļ		Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET	address		
CITY-ST-ZIP			4.4 City - S	I - ZIP		
TETLE		DELETE	5.1 THILE			Change Addition
NAME			5.2 NAME			75
STREET ADDRESS			5.3 STREET			ご ろし
CITY-ST-ZIP		T priete	54 CITY-S	T-ZIP	The local state of the last state of the local stat	<u> </u>
TITLE		☐ DELETE	6.1 TITLE		4000024732 -03/31/9801029	Addition Addition
NAME	H		6.2 NAME	ļ	-03/31/9801029	UUZ
STREET ADDRESS			6.3 STREET		***150.00	
CITY CT. 7ID			RACITY C	מוכז		

14. Thereby 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, or on an attachment with an address.

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