

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 # P93000077255 (6)

1. Corporation Name

MARTIN COUNTY HOLDING COMPANY, INC.

Principal Place of Business

Mailing Address

50 NORTH LAURA STREET
9TH FLOOR MC:099-000-1830
JACKSONVILLE FL 32202

50 NORTH LAURA STREET
9TH FLOOR MC:099-000-1830
JACKSONVILLE FL 32202



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/18/1993

3a. Date of Last Report
05/01/1995

4. FEI Number

59-3212589

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 a 1990
Florida Statutes ☒ Yes ☐ No on consolidated basis

HEAD, JAMES A
50 NORTH LAURA STREET
9TH FLOOR
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

Ghomeshi, Mehdi

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

50 N. Laura Street

83

MC:099-000-1830

84 City

Jacksonville

FL

85 Zip Code

32202

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

Mehdi Ghomeshi

Mehdi Ghomeshi

4/29/96

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME
DSTV
HEAD, JAMES A
50 N. LAURA STREET, 9TH FLOOR
JACKSONVILLE FL

CITY-ST-ZIP

TITLE

NAME
DP
MILLER, ROBERT F JR
50 N LAURA ST., 099-000-1830
JACKSONVILLE FL

CITY-ST-ZIP

TITLE

NAME
DASV
JARBOE, LLOYD ALLEN J
50 N LAURA ST., 099-000-1830
JACKSONVILLE FL

CITY-ST-ZIP

TITLE

NAME
BUEROSSE, MARCUS
801 E. HALLANDALE
HALLANDALE FL

CITY-ST-ZIP

TITLE

NAME
BLANKSTEIN, ALAN
801 E. HALLANDALE
HALLANDALE FL

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

DP Ghomeshi, Mehdi

50 N. Laura Street

Jacksonville FL 32202

DV story, Deborah

50 N. Laura Street

Jacksonville FL 32202

DSV

DTV

800000520338

-05/14/96-01063-012

***200.00

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 a address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)