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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000013263 (6)

THE JOHN HENRY MARTIN CORPORATION

FILED May 12 1997 8:00am Secretary of State



| Principal Place of Business 555 COLORADO AVENUE STUART FL 34994 | | Mailing Address 555 COLORADO AVENUE STUART FL 34994-3006 | | r (Relyter 119 Ibin) gibli gailt afilt abini beibi tiffib liftib ilsta fillet fill taffi | | | | |
|---|--|--|-----------------------------|--|---|----------------|----------|-----------------------|
| | | | | | 3. Date Incorporated or Qualified 02/17/1994 | 3a. Date o | | eport |
| | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | | oplied For |
| 21 | | 26 | | | 65-0473090 | | | ot Applicable |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | _ \$ | | Additional equired |
| City & State | ? | City & State | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | | | Trust Fund Contribution | | Added | |
| Zip | Country | Zip | Count | гу | 8. This corporation has liability for | | | 199.032, |
| 24 | 25 | 29 | 30 | | | Yes N | | |
| | 9. Name and Address of Current | Registered Agent | | 1 Name | 10. Name and Address of New Re | gistered Age | nt | |
| | IE, GEORGE F III | | ľ | 1 Name | | | | |
| | COLORADO AVENUE ART FL 34994 | | 8 | 2 Street | Address (P.O. Box Number is Not Acceptate | ole) | | |
| | y | | ē | 3 | | | | |
| | | | 8 | 4 City | | E 8 | 5 Zip | Code |
| 44 5 | 9 | | | | corporation submits this statement for the p | FL | | to ====== |
| office or re agent it ar | egistered agent, or both, in the State om familiar with, and accept the obligat | of Florida, Such change was ions of, Section 607.0505, F | authorized lorida Statul | by the cor es. | poration's board of directors. I hereby accep | ot the appoint | ment as | registered |
| SIGNATURE | Signature, typed or printed runne of registered agont | and title if applicable. (NO | TE: Registered / | gent signature | e required when reinstating) | DATE | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFIC | | | |
| TITLE | STD | DELETE | 1.1 TITL | Ē | | | Change | ☐ Addition |
| NAME | MARTIN, JANE A | | 1.2 NAM | E | | | | |
| STREET ADDRESS | 3636 CRYSTAL SPRINGS ROAD | | 1.3 STRE | ET ADDRESS | 1 | | | |
| CITY - S1 - ZIP | BANBRIDGE IS. WA 98110 | , | | - ST - ZIP | | | | |
| TILE | PD | DELETE | 2.1 TITU | Ē | | L | Change | L Addition |
| NAME | SWAN, CYNTHIA L | | 2.2 NAM | E | | | | |
| STREET ADDRESS | 1124 SANSET PLACE | | 2.3 STRE | ET ADDRESS | | j. | | |
| CITY - ST - ZIP | MT. PLEASANT SC 29464 | F DELETE | | (-ST-ZIP | 751 | | Ohanner | A 3 29° |
| 11ILF | D MADTIN IMELITA | ☐ DELETE | 3.1 TiTL | | | - U | Change | Addition |
| NAME | MARTIN, IMELDA % 3636 CRYSTAL SPRINGS RO | AD | 3.2 NAM | | 1 | | | |
| STREET ADDRESS | BANBRIDGE IS. WA 98110 | AU . | 5.5 5 | ET ADDRESS | | | | |
| CHY-SI-ZIF | DAIDHINGE IS. WA 80110 | DELETE | 3.4. CIT | (-ST-ZIP | | | Change | Addition |
| TITLE NAME | | ריי מיננונ | 4.1 HE | | | لبسا | កាផាអ៊ីខ | Addition |
| NAME STREET ADORESS | | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | | -\$1-ZIP | 1 | | | |
| 1:1Lf | | DELETE | 51 TITL | | | | Change | Addition |
| NAME | | | 52 NAV | | | | • | |
| STREET ADDRESS | | | | EET ADDRESS | | | | |
| CITY+ST+ZIP | | | i i | -ST-ZIP | | | | |
| Title | | DELETE | 6.1 TITL | | | | Change | Addition |
| NAME | | | 6.2 NAM | | | | - | |
| STREET ADDRESS | | | i i | ET ADDRESS | 1 | | | |
| CITY-ST ZIP | | | | -ST-ZIP | | | | |
| V.11 VI EII | | | 0.7 0111 | 41 20 | | | | |

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), Fiorida 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:

A FIRST AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dav 3/13/97 88/-1399