

Feb 08, 2000 8:00 a
Secretary of State

02-08-2000 90172 044 ***150.00

DOCUMENT # P94000013263

1. Entity Name

THE JOHN HENRY MARTIN CORPORATION

Principal Place of Business

Mailing Address

555 COLORADO AVENUE
STUART FL 34994555 COLORADO AVENUE
STUART FL 34994-3013

2. Principal Place of Business

3636 Crystal Spring Road NE

3. Mailing Address

3636 Crystal Spring Road NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bainbridge Island, WA

City & State

Bainbridge Island, WA

Zip

98110

Country

Zip

98110

Country

4. FEI Number

65-0473090

5. Certificate of Status Desired ☐

\$8.75

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOVIE, GEORGE F III
555 COLORADO AVENUE
STUART FL 34994

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐FILE NOW!!! FEE IS \$150.00.
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
MARTIN, JANE A
3636 CRYSTAL SPRINGS ROAD
BANBRIDGE IS. WA 98110 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SWAN, CYNTHIA L
1124 SANSET PLACE
MT. PLEASANT SC 29464 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARTIN, IMELDA
% 3636 CRYSTAL SPRINGS ROAD
BANBRIDGE IS. WA 98110 ☐ DeleteTITLE
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☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change

13. I 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 on this report or supplemental 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 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 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature

2/2/00 206-842-11