

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 34994

555 COLORADO AVENUE STUART FL 34994-3013

2. Principal Place of Business

3. Mailing Address

3636 Crystal Spring Road NE

3636 Crystal Spring Road NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

City & State

Bainbridge Island, WA

City & State

Bainbridge Island, WA

4. FEI Number

65-0473090

Not

Zip 98110

Country

Zip 98110

Country

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 State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Table with 3 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include MARTIN, JANE A; SWAN, CYNTHIA L; MARTIN, IMELDA.

Table with 3 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes Change checkboxes.

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 indicated 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:

Handwritten signature of Jane A. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00 206-842-11

Date

Signature