FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P94000027049	(3)							
MARTIN MANUFACTURING, INC.									

Principal Place of Business 7991 62ND WAY N Mailing Address

7991 62ND WAY N.

PINCLENS PA	MY LL 20000	FINCLUAG FANN FL	. 30303						
					3. Date Incorporated or Qualified 04/08/1994	3a. Date	of Last R 5/16/19	eport 95	
2. Principal Pla	ce of Business	2a. Mæling Address				4. FEI Number			Applied For
21		26				59-3248004			Not Applicable
Suite, Apt. #, etc		Suite, Apt #, etc.			5. Certificate of Status Desired			Additional Required	
City & State		City & State				6. Election Campaign Financing			0 May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Ζφ 	Cou	intry		8. This corporation has liability for	ntangible ta	x under s	199.032,
24	25	29	[30]			Florida Statutes Yes 10. Name and Address of New R		Agent	-1 1
	9. Name and Address of Curren	n negistered Agent		81	Name	IO. Name and Address of New F	egistered	Agent	
BOLEV	DIOLIADO A								
BOLEK, RICHARD A. 1992 BONNIE CT.				82	Street Addres	ss (P.O. Box Number is Not Acceptab	le)		
SUITE 1				83					
	30 N FL 34698							, ,	
DONEDI	N FE 34080			84	City		Fi	85 Z	p Code
SIGNATURE	h, and accept the obligations of. Sect			14.54	Sujestis, er tærpnésti v	now in this state on	DATE		
12.		ID DIRECTORS	13.		Signatura e responsació	ADDITIONS/CHANGES TO OFF		DIRECTO)RS IN 12
TITLE	P	DELFTE	1 1	ıtıt				Change	Addition
NAME	MARTIN, RANDALL O.		12 N	AME				_	
STREET ADDRESS	7991 62ND WAY N				ADDRESS				
C+TY - ST - ZiP	PINELLAS PARK FL		1.4 C	17 - ST	- ZiP				
TITLE.		☐ DELETE	2 1 1	TLE			1	Change	☐ Addition
NAME			2 ? N	AME.					
STREET ADDRESS			238	TREFT A	ADDRESS				
CITY - ST - ZIP				ITY - ST	ZIP				
TITLE		DELFTE	3 11				[Change	Addition
NAME			32 N						
STREET ADDRESS					ADDRESS				-
CITY - ST - ZIP TITLE		□ DELEIE	34C 411	ITY - ST	· ZIP			Change	Add tion
NAME		Писси	4 1 1 4 2 N		1		,	_180	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				IJY - ST					
TITLE		☐ DELETE	5 1 1			A A A A A A A A A A A A A A A A A A A		Change	☐ Addition
NAME			5 2 N	IAME					
STREET ADDRESS			535	TREE: A	ADDRESS				
City-St-ZiP			540	a1 r - S [- 2IP	· · · · · · · · · · · · · · · · · · ·	AND - A BART		
TITLE		DELETE	6.11	litif				Change	☐ Addition
NAME			6 2 N	IAME.					

City-St-ZIP

14. If do hereby cert by 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 armunit 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 12 if changed, or on an attachment with an address.

SIGNATURE: /

RAMONIL O. MANTIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-16 (813)546-1894