

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000028068 (1)**

1. Corporation Name

MARTINS-SOMRAK CORP.

Principal Place of Business

Mailing Address

**1460 LEE BLVD.
LEHIGH ACRES FL 33936**

**1460 LEE BLVD.
LEHIGH FL 33936**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1995

4. FEI Number

59-3315827

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 **8401 JR Manor Drive**

2a. Mailing Address
26 **8401 JR Manor Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 100**

27 **Suite 100**

City & State

City & State

23 **Tampa, FL**

28 **Tampa, FL**

Zip

Zip

24 **33634**

29 **33634**

Country

Country

25 **USA**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOMRAK, JAMES A
1520 AMBERLY DRIVE, SUITE 1211
TAMPA FL 33647**

81 Name **Randell L. Prince**

82 Street Address (P.O. Box Number is Not Acceptable)
8401 JR Manor Drive

83 **Suite 100**

84 City **Tampa** **FL** 85 Zip Code **33634**

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Randell L. Prince

4/29/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	SOMRAK, JAMES A
STREET ADDRESS	1520 AMBERLY DRIVE, SUITE 1211
CITY-ST-ZIP	TAMPA FL 33647
TITLE	D <input type="checkbox"/> DELETE
NAME	MARTINS, BERNARD S
STREET ADDRESS	7703 WEST CRENSHAW ST.
CITY-ST-ZIP	TAMPA FL 33615
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1460 Lee Blvd.
1.4 CITY-ST-ZIP	Lehigh Acres, FL 33936
2.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1460 Lee Blvd.
2.4 CITY-ST-ZIP	Lehigh Acres, FL 33936
3.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jack D. Suarez
3.3 STREET ADDRESS	8401 JR Manor Drive, Suite 100
3.4 CITY-ST-ZIP	Tampa, FL 33634
4.1 TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Randell L. Prince
4.3 STREET ADDRESS	8401 JR Manor Drive, Suite 100
4.4 CITY-ST-ZIP	Tampa, FL 33634
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 in an attachment with an address.

SIGNATURE

Randell L. Prince 4/29/98 813-886-2433

CR2E034 (10/97)