

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000038207 (3)

1. Corporation Name

DOCUMENTS ON DISC, INC.



Principal Place of Business

624 S. 23RD STREET  
FLAGLER BEACH FL 32136

Mailing Address

624 S. 23RD STREET  
FLAGLER BEACH FL 32136

3. Date Incorporated or Qualified  
05/12/1995

3a. Date of Last Report

2. Principal Place of Business

21 201 North 2nd Street

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 1345

Suite, Apt. #, etc.

4. FEI Number

59-3324256

Applied For

Not Applicable

22 City & State

23 Flagler Beach, FL

Zip Country

24 32136

25 Flagler

27 City & State

28 Flagler Beach, FL

Zip Country

29 32136

30 Flagler

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MARTIN, BARRY D  
624 S. 23RD STREET  
FLAGLER BEACH FL 32136

10. Name and Address of New Registered Agent

81 Name

Barry D. Martin

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

201 North 2nd Street

83

84 City

Flagler Beach

FL

85 Zip Code  
32136

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

*[Signature]*

/Barry D. Martin, Vice Pres.

2/9/96

(NOTE: Registered Agent Signature must be in blue ink)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D  
MARTIN, VICKY L  
624 S. 23RD STREET  
FLAGLER BEACH FL 32136

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D  
MARTIN, BARRY D  
624 S. 23RD STREET  
FLAGLER BEACH FL 32136

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T/D ☒ Change ☐ Addition

1.2 NAME Martin, Vicky L.

1.3 STREET ADDRESS P.O. Box 1345, 201 N. 2nd Street

1.4 CITY-STATE-ZIP Flagler Beach, FL 32126

2.1 TITLE V/S/D ☒ Change ☐ Addition

2.2 NAME Martin, Barry D.

2.3 STREET ADDRESS P.O. Box 1345, 201 N. 2nd Street

2.4 CITY-STATE-ZIP Flagler Beach, FL 32136

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify 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 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:

*[Signature]*

/Vicky L. Martin, President

2/9/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CW

Daytime Phone

CR2E034 (12/95)