

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 # P95000068787 (7)

1. Corporation Name

MARTHY CORPORATION

Principal Place of Business

1810 WINDSOR DR.
WINTER PARK FL 32789

Mailing Address

1810 WINDSOR DR.
WINTER PARK FL 32789



2. Principal Place of Business

21 1010 Orange Avenue

2a. Mailing Address

26 1010 Orange Avenue

3. Date Incorporated or Qualified

09/01/1995

3a. Date of Last Report

4. FEI Number

59-3336402

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 Winter Park FL

28 Winter Park FL

24 Zip 32789

25 Country US

29 Zip 32789

30 Country US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLICKINGER, KATHRYN E
1810 WINDSOR DR.
WINTER PARK FL 32789

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE - Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME FLICKINGER, KATHRYN E
STREET ADDRESS 1810 WINDSOR DR.
CITY-ST-ZIP WINTER PARK FL 32789

1.1 TITLE

☐ Change

☐ Addition

TITLE D ☒ DELETE
NAME FLICKINGER, MARK A
STREET ADDRESS 1810 WINDSOR DR.
CITY-ST-ZIP WINTER PARK FL 32789

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE P ☐ DELETE
NAME Flickinger, Mark A.
STREET ADDRESS 1010 Orange Avenue
CITY-ST-ZIP Winter Park, FL 32789

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VP ☐ DELETE
NAME Flickinger, Kathryn E.
STREET ADDRESS 1010 Orange Avenue
CITY-ST-ZIP Winter Park, FL 32789

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

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: Mark A. Flickinger MARK FLICKINGER 4-28-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)