

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 # P95000096065 (4)

1. Corporation Name

MARTIN MODULAR SYSTEMS, INC.



Principal Place of Business

1390 WILDWOOD LAKES BLVD., #7  
NAPLES FL 33942

Mailing Address

1390 WILDWOOD LAKES BLVD., #7  
NAPLES FL 33942

2. Principal Place of Business

21 711 Meyer Drive

Suite, Apt. #, etc.

22

City & State

23 Naples FL

Zip

24 33964

Country

25 Collier

2a. Mailing Address

26 711 Meyer Drive

Suite, Apt. #, etc.

27

City & State

28 Naples FL

Zip

29 33964

Country

30 Collier

3. Date Incorporated or Qualified

12/20/1995

3a. Date of Last Report

N/A

4. FEI Number

65-0635078

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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, MICHAEL D  
1390 WILDWOOD LAKES BLVD., #7  
NAPLES FL 33942

10. Name and Address of New Registered Agent

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, Sections 607.0505, Florida Statutes.

SIGNATURE

*Michael D. Martin*

Michael D. Martin

4/28/96

Signature, typed or printed name of registered agent and date of appointment

(Date of Appointment) Agent's signature required when new filing

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
MARTIN, MICHAEL D  
STREET ADDRESS 1390 WILDWOOD LAKES BLVD., #7  
CITY-ST-ZIP NAPLES FL 33942

TITLE ☐ DELETE

NAME VD  
FERRELL, STEPHANIE R  
STREET ADDRESS 1390 WILDWOOD LAKES BLVD., #7  
CITY-ST-ZIP NAPLES FL 33942

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PSD  
Martin, Michael D.

1.3 STREET ADDRESS 711 Meyer Drive

1.4 CITY-ST-ZIP Naples FL 33964

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VD  
Martin, Stephanie R.

2.3 STREET ADDRESS 711 Meyer Drive

2.4 CITY-ST-ZIP Naples FL 33964

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 it 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:

*Michael D. Martin* Michael D. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96 353-3965

Daytime Phone #

CR2E034 (12/95)