

07131999-90007-025-\$150.00-\$150.00

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999 IF ANNUAL REPORT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$7).

**PROFIT CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000081123

Incorporation Name

MARTIN WESLEY, INC.

Principal Place of Business
MEMORIAL HIGHWAY
TAMPA FL 33634

Mailing Address
5321 MEMORIAL HIGHWAY
TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

09/16/1998

4. FEI Number

59-3536107

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 owes the current year Intangible Personal Property.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

MILLER, RANDELL
315 SOUTH HYDE PARK AVENUE
TAMPA FL 33608

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

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. ADDRESS	2. DELETE ☐	1.1 TITLE	PRESIDENT ☐ Change ☐ Addition
1.2 NAME		1.2 NAME	Wesley Earl
1.3 STREET ADDRESS		1.3 STREET ADDRESS	5321 MEMORIAL
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	TAMPA FL 33634
2. ADDRESS	2. DELETE ☐	2.1 TITLE	SECRETARY ☐ Change ☐ Addition
2.2 NAME		2.2 NAME	Martin H
2.3 STREET ADDRESS		2.3 STREET ADDRESS	5321 MEMORIAL
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	TAMPA FL 33634
3. ADDRESS	3. DELETE ☐	3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4. ADDRESS	4. DELETE ☐	4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5. ADDRESS	5. DELETE ☐	5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6. ADDRESS	6. DELETE ☐	6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 registered agent or authorized 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813 882 3313

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90007 025 ***150.00



CR2E034 (5/99)