FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 05 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0)S50164 MARTIN'S TEXTURING SERVICE, INC. Principal Place of Business Mailing Address P.O. BOX 56913 P.O. BOX 56913 JACKSONVILLE FL 32241-6913 JACKSONVILLE FL 32241-6913 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/30/1991 2a. Mailing Address 2. Principal Place of Business FEI Number Applied For 59-3056747 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARTIN, STEPHEN D. 2271 REMINGTON ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **SWITZERLAND FL 32259** 23 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 Bignature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change TITLE 1 1 TITLE MARTIN, STEPHEN D. NAME 10 NAME 2271 REMINGTON ROAD 1.3 STREET ADDRESS STREET ADDRESS SWITZERLAND FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change BOWDEN, JOANN NAME 2.2 NAME 2277 REMINGTOM POARK ROAD STREET ADDRESS 2.3 STREET ADDRESS SWITZERLAN FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE MALES 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP

DELETE

DELETE

S 1 TITLE

5.2 NAME

61 TITLE 62 NAME **6.3 STREET ADDRESS**

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

14. Thereby 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 received by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address

SIGNATURE: _

TITLE

NAME

STREET ADORESS

CITY-ST-ZIP

Addition

■ Addition

Addition

Addition

Addition

■ Addition

Change

Change