

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

AMENDED

FILED

Sep 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 003860
1. Corporation Name

THE MONTICELLO COMPANIES, INC.

200002288222
-09/09/97--01043--005
***61.25

Principal Place of Business 1604 STOCKTON STREET (32204) JACKSONVILLE, FL 32204	Mailing Address P.O. BOX 61749 JACKSONVILLE, FL 32236-1749
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3. Date Incorporated or Qualified 03/17/1908	3a. Date of Last Report
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-0366140		Applied For ☐ Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
24 Country		29 Country		30 Country			

9. Name and Address of Current Registered Agent

**ASHBY, C. L. G.
1604 STOCKTON STREET
JACKSONVILLE, FL 32204**

10. Name and Address of New Registered Agent

81 Name CONOLLY, ROBERT C.	85 Zip Code 32204
82 Street Address (P.O. Box Number is Not Acceptable) 1604 STOCKTON STREET	
83	
84 City JACKSONVILLE	

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	AS/AT ☒ DELETE	11 TITLE	P/D ☐ Change ☐ Addition
NAME	Roberts, I. Rowland	12 NAME	Dean, Henry E. III
STREET ADDRESS	1604 Stockton Street	13 STREET ADDRESS	1604 Stockton Street
CITY-ST-ZIP	Jacksonville, FL 32204	14 CITY-ST-ZIP	Jacksonville, FL 32204
TITLE	☐ DELETE	21 TITLE	V/D ☐ Change ☐ Addition
NAME		22 NAME	Dean, Thomas D.S.
STREET ADDRESS		23 STREET ADDRESS	1604 Stockton Street
CITY-ST-ZIP		24 CITY-ST-ZIP	Jacksonville, FL 32204
TITLE	☐ DELETE	31 TITLE	S/D ☐ Change ☐ Addition
NAME		32 NAME	Overman, L. J.
STREET ADDRESS		33 STREET ADDRESS	1447 Peachtree St. N. E. Suite 414
CITY-ST-ZIP		34 CITY-ST-ZIP	Atlanta, GA 30309
TITLE	☐ DELETE	41 TITLE	T/D ☐ Change ☐ Addition
NAME		42 NAME	Conolly, Robert C.
STREET ADDRESS		43 STREET ADDRESS	1604 Stockton Street
CITY-ST-ZIP		44 CITY-ST-ZIP	Jacksonville, FL 32204
TITLE	☐ DELETE	51 TITLE	D ☐ Change ☐ Addition
NAME		52 NAME	Cummins, Eloise
STREET ADDRESS		53 STREET ADDRESS	1604 Stockton Street
CITY-ST-ZIP		54 CITY-ST-ZIP	Jacksonville, FL 32204
TITLE	☐ DELETE	61 TITLE	D ☐ Change ☐ Addition
NAME		62 NAME	Roberts, William Rowland
STREET ADDRESS		63 STREET ADDRESS	711 North Oak Street
CITY-ST-ZIP		64 CITY-ST-ZIP	Valdosta, GA 31601

14. I do 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 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: *Henry E. Dean, III* Henry E. Dean, III, President

(904)
384-3666

CR2E034 (9/96)