Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 003860

1. Corporation Name

Principal Place of Business

THE MONTICELLO COMPANIES, INC.

1604 STOCKTON STREET JACKSONVILLE FL 32204		P.O. BOX 61749 JACKSONVILLE FL 32236-1749			DO NOT WRITE IN TI	HIS SPACE	
					3. Date Incorporated or Qualifed	10 01 702	
l					03/17/1908		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	ied For
		26 1604 Stockton Street		E0-0366140	<u> </u>	Applicable	
21   Suite, Apt #, etc					\$8.75 A		
22				5. Certifcate of Status Desired	Fee Rec	parit β	
City & State		City & State		6. Election Campaign Financing	\$5.00	Nay Be	
23		Jacksonvi	11e, ]	FL	Trust F and Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This co poration owes the current year		
24	25	29 32204 3	o usi	Α	Personal Property Tax.		[]No
<u> </u>	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	ed Agent	
25.11	IOLLY DODERT O		81	Name	lliam D. Dobowta		
	IOLLY, ROBERT C		82	Street Ad in	11 iam R. Roberts ess (P.O. Box Number is Not Acceptable)		
1604 STOCKTON STREET					Stockton Street		
JACI	KSONVILLE FL 32204		83				
			84	City		85 Zip C	c de
				Ja	icksunville,		204
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above	-named corporation	oration submits this statement for the purpose	∍ of changing its i popintment as rec	r∈gistere¤ aistered
agent. I a	m familiar with, and accept the obliga	titues of, Section 607 0505, Florid	da Statutes.	doi pord id	on's board of directors. I hereby accept the ap	Icha	•
SIGNATURE	William TX.	your W			oberts of	18149	
			Registered Agent	signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	ND DIRECTO	RS IN 12
12.	P D	ID DIRECTORS ☐ DELETE	1.1 TITLE		ADDITIONS OF THE PARTY OF THE P	Change	Addition
NAME	DEAN, HENRY E III		1.2 NAME			_ •	
	1604 STOCKTON STREET		1.3 STREET	ADDRESS			
STREET ADDRESS	JACKSONVILLE FL 32204		1.4 CITY-ST-ZIP				
TITLE	VP D	DELETE	2.1 TITLE			☐ Change	Addition
NAME	DEAN, THOMAS D.S.		2.2 NAME				
STREET ADDRESS	1604 STOCKTON STREET		2 3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32204		2 4 CITY-ST-ZIP				
TITLE	SD	XXDELETE				Change	☐ Addition
NAME	OVERMAN, L.J.		3.2 NAME				
STREET ADDRESS	1447 PEACHTREE ST. N.E., ST	E 414	3.3 STREET	ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30309		34 CITY-\$1	i-ZIP			
TITLE	VPTD	<b>XX</b> DELETE	4.1 TITLE	7	Treasurer	Change	X Addition
NAME	CONOLLY, ROBERT C		4. 2 NAME	V	Villis W. Williams		
STREET ADDRESS	1604 STOCKTON STREET		4.3 STREET	ADDRESS ]	1604 Stockton Street	•	
CITY-ST-ZIP	JACKSONVILLE FL 32204		4.4 CITY-ST	-ZIP	Jacksonville, FL 322	.04	
TITLE	D	☐ DELETE	5.1 TITLE		·	☐ Change	Addition
NAME	CUMMINS, ELOISE		5.2 NAME				
STREET ADDRESS	1604 STOCKTON STREET		5.3 STREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32204		5.4 CITY-ST				
TITLE	D	☐ DELETE	6.1 TITLE		ecretary - Director	<b>XX</b> hange	☐ Addition
NAME	ROBERTS, WILLIAM R		6.2 NAME	W i	illiam R. Roberts		

14. 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 a mual 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 abachysent with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

711 NORTH OAK STREET

Henry E. Dean III

711 North Oak Street

904-384-3666

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90004 010 \*\*\*300.00