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SEC... STATE
TALLAHA... FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724554 **(1)**

1. Corporation Name

MONTEGO MANOR, INC.

Principal Place of Business	Mailing Address
4100 CORPORATE SQ STE 157 NAPLES FL 33942 US	4100 CORPORATE SQ STE 157 NAPLES FL 33942 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/17/1972**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1468064** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FOREMAN, GEORGE
4100 CORPORATE SQ
STE 157
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name: R. A. "BUTCH" CHINN
82 Street Address (P.O. Box Number is Not Acceptable): 4100 CORPORATE SQ
83 STE 157
84 City: NAPLES, FL. FL 85 Zip Code: 33942

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] MANAGER 2-23-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	T D
NAME	WELCH, LEE
STREET ADDRESS	215 CYPRESS WAY E #B1
CITY-ST-ZIP	NAPLES, FLORIDA 00000
TITLE	P
NAME	DOWNING, HAL
STREET ADDRESS	215 CYPRESS WAY E #B3
CITY-ST-ZIP	NAPLES, FL 00000
TITLE	D
NAME	MATHEWS, CELIA
STREET ADDRESS	215 CYPRESS WAY #D5
CITY-ST-ZIP	NAPLES, FLORIDA 00000
TITLE	VP D
NAME	SMITH, JIM
STREET ADDRESS	215 CYPRESS WAY E #C8
CITY-ST-ZIP	NAPLES, FL 00000
TITLE	D
NAME	HEUCHLING, FRED
STREET ADDRESS	215 CYPRESS WAY E C-5
CITY-ST-ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PD ROBERT FATOUT 215 CYPRESS WAY E. #02 NAPLES, FL. 33942	☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD FRED YOERGER 215 CYPRESS WAY E. #D9 NAPLES, FL. 33942	☒ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DEPOSITED BY BANK	☐ Change ☐ Addition

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 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: [signature] 3/9/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LW 4-3-95