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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # V13601

MONTGOMERY & ASSOCIATES OF TALLAHASSEE, INC.

FILED

97 APR 29 AM 10: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA



8770 CAPITAL 8-0-2 TALLAHASSEI		Mailing Address 3370 CAPITAL CIRCLE N.E 5-C-2 TALLAHASSEE FL 32308-1	-	- To a Control of the			IAI	
		US			 Date Incorporated or Qualifie 02/12/1992 	od 3a. Date of Last Report 01/26/1996		
	Place of Business	2a. Mailing Address			4. FEI Number	Applied	For	
21 3365 N Sulte, Apt.	Monroe St.		26 3365 N. Monroe St. Suite, Apl. #, etc.		59-3107087	Not Appl		
22	"1 U Q.	<u></u>	27		5. Certificate of Status Desired	\$8.75 Additio		
City & State		City & State			6. Election Campaign Financing	Fee Required		
23 Tallahassee, FL		28 Tallahassee,	28 Tallahassee, FL		Trust Fund Contribution	9 \$5.00 May B		
Zip	Country	LZip	Coun	try	8. This corporation has fiability)32,	
24 32303	25 USA 9. Name and Address of Curr	29 32303 ent Registered Agent	30 USA		Florida Statutes 10. Name and Address of New	Yes No		
MO	NTGOMERY, RONALD H.	on negativica rigent		31 Name		Registered Agent	~	
X27		365 N. Monroe St.	ļ.	20 01	A-11			
X90	TEOR T	allahassee, FL 32	303	- f	Address (P.O. Box Number is Not Accept	table)		
AXX	1444A2956:FLX32398:	, == •=	£	33				
	•		E	34 City		85 Zip Code		
11. Direction	to the provisions of Sections 607 Of	00 and 007 4500 Flatter 0		1 .		3-1 1 1 1		
Pursuant office or r agent. I a	egistered agent, or both, in the Sta	to of Florida. Such change was a	s, the abo uthorized	ove-named by the col	d corporation submits this statement for the poration's board of directors. I hereby ac	e purpose of changing its regis	stered	
SIGNATURE		gations of accitain 607,0000, Figs	rida Statui	les.	,	30.0		
12.	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: NO DIRECTORS	Hegistered A	Agent signatur	c required when reinstating)	DATE		
TITLE	P	X DELETE	1.1 1111			FICERS AND DIRECTORS IN 12	2 Iddition	
NAME	MONTGOMERY, RONALD H.	_	12 NAM		P/D Lisa Montgomery	L] Cliange E1 A	nonnou.	
STREET ADDRESS	3370 CAPITAL CIRCLE NE		1.3 STRE	E1 ADDRESS	3365 N. Monroe St.			
CATY-ST-ZIP	TALLAHASSEE FL		1.4 CiTY	-SI-ZIP	Tallahassee, FL 3230	3		
TITLE		L DELETE	2.1 1111.8		V/S/T/D		ddition	
NAME			2.2 NAM		Ronald H. Montgomery			
STREET ADDRESS				ET ADDRESS	3365 N. Monroe St.			
./		DELETE	2 4 CHY 3 1 THE	'- \$1 - 71P :	Tallahassee, FL 32303	Change Die	1000	
NAME		hand where the	3.2 NAM		المناسب المنا		ddition	
STREET ADDRESS				ET ADDRESS		164784 28701162017	»	
CITY-ST-ZIP		•	3.4. CITY		・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	65.00 ****165.0	ю	
TITLE		DELFTE	4.1 TITLE			· · · · · · · · · · · · · · · · · · ·	ddition	
NAME			4. 2 NAM	É				
STREET ADDRESS				E1 ADDRESS				
CITY-ST-ZIP		DELETE	4.4 DITY -					
NAME			5.1 MILE 5.2 NAMS			L Change Ad	1dition	
STREET ADDRESS				: Ft adoress				
CITY-ST-ZIP			5.4 CITY					
TITLE		DELETE	6.1 TITLE			Change Ad	dilion	
NAME			6.2 NAME					
STREET ADDRESS			63 \$1RE	T ADDRESS	, i	12 11 00 0-	,	
CITY-ST-ZIP	v certify that the information supplie	all the state of t	6.4 CITY-	ST-ZIP	L	10 4-30-41	/	

Information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the lam 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.