FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 360392 (5)

1. Corporation Name

S.E. MONTGOMERY FLYING M RANCH, INC.

Principal Place of Business	Mailing Address
CORNER OF CENTRAL AVE AND MULBERRY ST COLEMAN FL	CORNER OF CENTRAL AVE AND MULBERRY ST COLEMAN FL

3. Date Incorporated or Qualified: 03/02/1970
3a. Date of Last Report: 04/21/1995
4. FEI Number: 59-1289713 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1846 CR 479	26 P.O. Box 6
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 LAKE PANASOFFKEE, FL	City & State 28 COLEMAN FLA
Zip 24 33538 / Country 25 USA	Zip 29 33521 / Country 30 USA

9. Name and Address of Current Registered Agent

CHEESEMAN, STEPHEN C.
700 TWIGGS ST., STE. 105
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: S. E. MONTGOMERY
82 Street Address (P.O. Box Number is Not Acceptable)
83 1846 CR. 479
84 City: LAKE PANASOFFKEE FL 85 Zip Code: 33538

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MONTGOMERY, S E	
STREET ADDRESS	CENTRAL & MULBERRY ST.	
CITY-ST-ZIP	COLEMAN FL	
TITLE	S	☑ DELETE
NAME	MONTGOMERY, KAREN J.	
STREET ADDRESS	CENTRAL & MULBERRY ST.	
CITY-ST-ZIP	COLEMAN FL	
TITLE	V	☑ DELETE
NAME	BROWN, MURRAY MAXELL	
STREET ADDRESS	CENTRAL & MULBERRY ST.	
CITY-ST-ZIP	COLEMAN FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition; 1.2 NAME; 1.3 STREET ADDRESS; 1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition; 2.2 NAME; 2.3 STREET ADDRESS; 2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition; 3.2 NAME; 3.3 STREET ADDRESS; 3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition; 4.2 NAME; 4.3 STREET ADDRESS; 4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition; 5.2 NAME; 5.3 STREET ADDRESS; 5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition; 6.2 NAME; 6.3 STREET ADDRESS; 6.4 CITY-ST-ZIP

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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: S.E. Montgomery S.E. MONTGOMERY 4-29-96 352-748-6734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)