

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

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Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 568662 (1)
1. Corporation Name
MONTGOMERY ELECTRIC AND AIR CONDITIONING, INC.

Principal Place of Business
1200 19TH STREET NORTH
ST. PETERSBURG FL 33713

Mailing Address
1200 19TH STREET NORTH
ST. PETERSBURG FL 33713-5726

3. Date Incorporated or Qualified 04/14/1978	3a. Date of Last Report 01/25/1996
4. FEI Number 59-1812369	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
MONTGOMERY, DONALD R
1200 19TH STREET NORTH
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent
81. Name Donald Montgomery
82. Street Address (P.O. Box Number is Not Acceptable) 25212 Croom Rd.
83. City Brooksville
84. Zip Code FL 34601

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	MONTGOMERY, DONALD R.				
STREET ADDRESS	2910 11TH AVENUE NORTH				
CITY-ST-ZIP	ST. PETERSBURG FL				
TITLE	ST	<input type="checkbox"/> DELETE			
NAME	MONTGOMERY, SUZANNE				
STREET ADDRESS	2910 11TH AVENUE NORTH				
CITY-ST-ZIP	ST. PETERSBURG FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	DONALD MONTGOMERY				
1.3 STREET ADDRESS	25212 CROOM RD				
1.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601				
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	SUZANNE MONTGOMERY				
2.3 STREET ADDRESS	25212 CROOM RD				
2.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601				
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMS. Donald R. Montgomery

Date

1-7-97 813 898-0569

Daytime Phone #

CR2E034 (9/96)