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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90006 045 ***150.00

i. Corporation	MENT # 587016 RAL OF MONTICELLO, INC									
Principal Flace	e of Business	Mailing Address]	1911 1818 1881 11191 11191 11191	11 1 1 111 1 1111	BIBN BIBN BIB)) \$1\$() \$1\$II 1 5\$ [
ROUTE 2. BOX		ROUTE 2. BOX 120								
GREENVILLE FL		GREENVILLE FL 32331			i		DO MOT MES	rc (N) T ! ()	e enver	
						2 Data language	DO NOT WRIT	IE IN THI	S SPACE	
						3. Date Incorpora				
2 Dringing I Di	ace of Business	2a. Mailing Address				09/20/1978 4. FEI Number				Applied For
└	ace of Dusiliess		26			59-1392870	ì		<u> </u>	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.								Additional
22	'	27				5. Certifcate of St	atus Desired			Required
City & State	9	City & State				6. Electic n Campa	aign Financing		\$5.0	0 liviay Be
23		28				Trust Fund Cor	tribution		Adde	d to Fees
Zip	Country	Zip	Coun	try		8. This corporatio		ant year Ir		7
24	25	<u> </u>	30			Personal Prope			Yes	<u>No</u>
	9. Name and Adcress of Curre	nt Registered Agent		81 Nan		10. Name and Ad	tress of New R	egistere	Agent	
FINLAYSON, JOHN M.				INAIN	iiie					
	TE 2, BOX 120		[1	B2 Stre	eet Addres	ss (P.O. Bo) Numbe	r is Not Accepta	ble)		
GREENVILLE FL 32331			-	83						
)	LIVILLE I E GEGG!			33						
			ļ.	84 City	у			F	85 Zi	p Code
SIGNATURE	m familiar with, and a cept the oblig Signature, typed or printed na ne of registered ag				ture required v	when reinstating) ADDITIONS/CH	ANGES TO OF	DATE FICERS /	ND DIREC	TOF:S IN 12
TITLE	PD	☐ DELETE	1.1 T(T)	E					☐ Chang	
NAME	WESTBROOK, I. E. JR.		1 2 NAM	4E	İ					
STREET ADDRESS	P.O. BOX 415 N/A		1.3 STR	EET ADDRE	ESS					
CITY-ST-ZIP	MONTICELLO FL		1.4 CIT	Y-ST-ZIP						
TITLE	STD	☐ DELETE	2.1 TITL	E		_ _			☐ Chang	e Addition
NAME	FINLAYSON, JOHN M		2.2 NAM	Æ	ĺ					
STREET ADDRE 3S	RT 2 BOX 120		2.3 STR	EET ADDRE	ESS					
CITY-ST-ZIP	GREENVILLE FL		_	Y-ST-ZIP						
TITLE		☐ DELETE	31 TITL		1				☐ Chang	e 🔲 Addition
NAME			32 NAM							
STREET ADDRESS				EET ADDRE	ESS					
CITY-ST-ZIP		DELETE		Y-ST-ZIP	+-		· <u></u> -		☐ Chang	e Addition
TITLE		☐ DEFE IE	4.1 TITL						_ 5.10.19	
NAME			4. 2 NA		Eee					
STREET ADDRESS			i i	REET ADDRE	L33					
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITS	Y-ST-ZIP .E	+-				Chang	e Addition
NAME		<u> </u>	5.2 NAA							.
STREET ADDRESS				REET ADDRE	ESS					
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP)					
TITLE		DELETE	6.1 TITL	.E					Chang	e Addition

CITY-ST-ZIP 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 or ritify 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, with all other like empowered.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS