FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

639143

(7)

1. Corporation I		• •					
MONTGOMERY WOODS, INC.							
Principa! Place o	of Business	Mailing Address				 18	H 01011 01011 H
22A NORTH CAUSEWAY NEW SMYRNA BEACH FL 32169-5239 US		221 NORTH CAUSEWAY NEW SMYRNA BEACH FL 32169-5239 US		9. Data languagestad or Chaptered	3a. Date of Last Ro		
00		••			3. Date Incorporated or Qualified 10/09/1979	01/25/19	•
0.0	at Ducinos	2a. Mailing Address			4. FE1 Number		Applied For
2. Principai Piai :1	1		Aug. 655		59-2044778 Not Ap		Vot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>		5. Certificate of Status Desired		Additional
22		27				- ree r	Required
City & State		Oity & State:		6. Election Campaign Financing Trust Fund Contribution 5.00 May Be Added to Fees			
!3		28	Country		8. This corporation has liability for i	Audec	
. Ζιρ 5.1	Country	7 _i p	30		Florida Statutes Yes		, , , , , , , , , , , , , , , , , , , ,
4	25 9. Name and Address of Currel				10. Name and Address of New R	egistered Agent	
			81 N	lame			
	MARK R		82 Street Addr		ress (P.O. Box Number is Not Acceptab	le)	
	Orth Causeway Smyrna Beach Fl 32169		83				
MEAN S	MINIA DEACH PE 32 109		84 (Dity		85 Z ₁	p Code
					ration submits this statement for the pur rd of directors. Thereby accept the app	FL I''I '	
SIGNATURE	Signature, typed or printed manie of registered age: OFFICERS AN	n and Mic if application (f ND DIRECTORS	vorti Registered Agentise 13.	grafore ech inc	d where resistings ADDITIONS/CHANGES TO OFF		
TITLE	VD	[] DELETE	1.1701€			☐ Change	Addition
NAME	TRETTI, GIANCARLO		1.2 NAME	ł			
STREET ADDRESS	557 MAJESTIC WAY		13 SI∃EE CAD				
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	DELFTE	2 1 TUILE	ŽIP.		Change	Addition
TITLE	PS TOTAL LEUO		22 NAME	ļ			
NAME STHEET AUDRESS	TRETTI, LEUO 221 N. CAUSEWAY		23 STREET AN	DRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH FL	_	24C1Y-ST-	Z P			
TILE	THE CHILING DESCRIPTION	DEL€1€	3 17016	1		☐ Change	Addition
NAME			3.2 NAME				
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CITY-ST-ZIP		רדו מנובינ	3 4 CITY - ST - 4 1 Title	71F		[7] Change	Addition
TITLE		DETELE	4 1 1 1 LE 4 2 NAME			<u>.</u>	_
NAME OFFICE TRADECCO			4.2 NAME 4.3 STREET AD	ODRESS			
STREET ADDRESS			4.4 CHY - S1 -				
CITY-ST-ZiP		DELETE	5 1 TOLE			☐ Change	Addition
NAME			5.2 NAME	l			
STREET ADDRESS			5.3 STREET AF	DORESS			
CITY-ST-ZIF			5.4.C TY+S1	76		- Chacan	Addition
TITLE		DECE16	6 1 11TLF			Change	☐ Maduital:
NAME			6.2 NAME				
STREET ADDRESS			63 STREET A				
CITY+ST-7IP	<u> </u>	d with this files is valuated to	rnished and does	Ziff [] _ not qualify	for the exemption stated in Section 119	9.07(3)(k), Florida Statu	utes. I further

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 certify 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:

ANTHE APTISED OF PRINTED HAVE OF VINGE FIOR PERSETTEENT

3-28-16

904-427-5227

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