

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 17 AM 11:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 639194 (0)

1. Corporation Name

MONTAGUE & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**P.O. BOX 999
GAINESVILLE FL 32602-7900**

**P.O. BOX 999
GAINESVILLE FL 32602-7900**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 521 NE 1ST ST

26 521 NE 1ST ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE B

27 SUITE B

City & State

City & State

23 GAINESVILLE FL

28 GAINESVILLE FL

Zip

Country

Zip

Country

24 32601-5393

25

29 32601-5393

30

3. Date Incorporated or Qualified

10/10/1979

3a. Date of Last Report

04/15/1994

4. FEI Number

59-1943915

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MONTAGUE, JAMES B
521 NE 1ST ST
GAINESVILLE FL FL**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

SUITE B

84 City

FL

85

Zip Code

32601-5393

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **MONTAGUE, JAMES B**
STREET ADDRESS **521 NE 1ST ST**
CITY - ST - ZIP **GAINESVILLE FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **SUITE B**
1.4 CITY - ST - ZIP **32601-5393**

TITLE **VD**
NAME **MONTAGUE, KATE E**
STREET ADDRESS **521 NE 1ST ST**
CITY - ST - ZIP **GAINESVILLE FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **SUITE B**
2.4 CITY - ST - ZIP **32601-5393**

TITLE **STD**
NAME **TRIGG, KATHERINE MONTAGUE**
STREET ADDRESS **521 NE 1ST ST**
CITY - ST - ZIP **GAINESVILLE FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS **SUITE B**
3.4 CITY - ST - ZIP **32601-5393**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

Katherine M. Trigg

Katherine M. Trigg

4/12/95

904-377-3631

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

(Type in Phone #)