FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 32 PM 12:53

DOCUMENT # **F32369** **(3)**

1. Corporation Name
MONTLAKE PROPERTIES INC.

Principal Place of Business	Mailing Address
9110 BROW LAKE RD. SODDY DAISY, TN 37379 PO BOX 459 HIXSON TN 37343	9110 BROW LAKE RD. SODDY DAISY, TN 37379 PO BOX 459 HIXSON TN 37343

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/27/1981**
3a. Date of Last Report: **06/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: **59-2121840** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24: Country — 25:
Zip — 29: Country — 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SPEAR, FRED
2335 NE 29TH ST, (33064)
P.O. BOX 5688
LIGHTHOUSE PT FL 33074

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	SPEAR, FRED	1.2 NAME	
STREET ADDRESS	2335 NE 29TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE, PT	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	SPEAR, ROSE	2.2 NAME	
STREET ADDRESS	920 ROSE MARIE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SODDY-DAISY, TN 00000	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	☐ Change ☐ Addition
NAME	SPEAR, EARL	3.2 NAME	
STREET ADDRESS	920 ROSE MARIE CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	SODDY-DAISY, TN 00000	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	☐ Change ☐ Addition
NAME	WALTER, ROBERT	4.2 NAME	
STREET ADDRESS	953 SE 10TH CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SACCO, CARL	5.2 NAME	
STREET ADDRESS	4310 NW 12TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HARDY, LINDY	6.2 NAME	
STREET ADDRESS	550 NE 5TH CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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: Rose Spear Sec-Treas. 3/24/95 (615)332-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #