

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

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

3. Date Incorporated or Qualified **04/27/1981** 3a. Date of Last Report **03/31/1995**
4. FEI Number **59-2121840** 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

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

9. Name and Address of Current Registered Agent

SPEAR, FRED
2335 NE 29TH ST, (33064)
P.O. BOX 5686
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

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SPEAR, FRED	
STREET ADDRESS	2335 NE 29TH ST.	
CITY - ST - ZIP	LIGHTHOUSE, PT	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SPEAR, ROSE	
STREET ADDRESS	920 ROSE MARIE CT	
CITY - ST - ZIP	SODDY-DAISY, TN 00000	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SPEAR, EARL	
STREET ADDRESS	920 ROSE MARIE CT	
CITY - ST - ZIP	SODDY-DAISY, TN 00000	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WALTER, ROBERT	
STREET ADDRESS	953 SE 10TH CT	
CITY - ST - ZIP	POMPANO BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SACCO, CARL	
STREET ADDRESS	4310 NW 12TH ST	
CITY - ST - ZIP	COCONUT CREEK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARDY, LINDY	
STREET ADDRESS	550 NE 5TH CT	
CITY - ST - ZIP	POMPANO BCH, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 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 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* *Lee Ann* **ROSE SPEAR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96 (423)-332-4111
DATE FILING FEE

CR2E034 (12/95)