

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90033 021 ***150.00

DOCUMENT # F32369

1. Corporation Name

MONTLAKE PROPERTIES INC.

Principal Place of Business

9110 BROW LAKE RD. SODDY DAISY, TN 37379
PO BOX 459
HIXSON TN 37343

Mailing Address

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

4. FEI Number

59-2121840

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 9104 Brow Lake Rd

Suite, Apt. #, etc.

City & State

23 Soddy Daisy TN

Zip

24 37379 25 Hamilton

2a. Mailing Address

26 9104 Brow Lake Rd

Suite, Apt. #, etc.

City & State

28 Soddy Daisy TN

Zip

29 37379 30 Hamilton

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

Howard C. Bowman Jr

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

6116 Shirley Pond Rd

83

84 City

HARRISON

TN

85 Zip Code

37341

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 Howard C. Bowman Jr
Signature, typed or printed name of registered agent and title if applicable.

Howard C. Bowman Jr
(NOTE: Registered Agent signature required when reappointing)

4-29-99
DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME SPEAR, FRED
STREET ADDRESS 2335 NE 29TH ST.
CITY-ST-ZIP LIGHTHOUSE, PT

TITLE ST
NAME SPEAR, ROSE
STREET ADDRESS 920 ROSE MARIE CT
CITY-ST-ZIP SODDY-DAISY TN

TITLE DV
NAME WALTER, ROBERT
STREET ADDRESS 953 SE 10TH CT
CITY-ST-ZIP POMPANO BCH, FL 00000

TITLE D
NAME SACCO, CARL
STREET ADDRESS 4310 NW 12TH ST
CITY-ST-ZIP COCONUT CREEK FL

TITLE D
NAME HARDY, LINDY
STREET ADDRESS 550 NE 5TH CT
CITY-ST-ZIP POMPANO BCH, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
President
Henry G. Luker III
900 Fairway LN
Soddy Daisy TN 37375

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
V. President
Howard C. Bowman Jr
6116 Shirley Pond Rd
HARRISON TN 37341

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Sec/Treas
Kelly Luker
900 FAIRWAY LN
Soddy Daisy TN 37375

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Date

423-332-3111

Daytime Phone #

CR2E034 (11/98)