SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Sulte, Apt. #, etc. 22 City & State City & State City & State Zip Zip Zip Zip Zip Zip Zip Zi	Principal Place of Busin 1 S.E. AVE EAST P. O. BOX 1510 BELLE GLADE FL 33430 2. Principal Place of Busin Suite, Apt. #, etc. 22 City & State	T # G20379 TGOMERY, P.A.	Mailing Address 1 S.E. AVE EAST P. O. BOX 1510 BELLE GLADE FL 33430-35x 2a. Mailing Address 26		DO NOT WRITE IN THE 3. Date incorporated or Qualified 01/26/1983	
THOMAS MONTGOMERY, P.A. Principal Place of Business 1 SE. AVE EAST 1 SE. AVE EAST 1 P. O. BOX 1510 BELLE GLADE FL 33430-3501 BELLE GLADE FL 33430-3501 2. Principal Place of Business 2. Malling Address 2. Principal Place of Business 2. Malling Address 3. Date incorporated or Qualified 01/26/1983 2. Principal Place of Business 2. Malling Address 3. Date incorporated or Qualified 01/26/1983 2. Principal Place of Business 2. Malling Address 3. Date incorporated or Qualified 01/26/1983 2. Principal Place of Business 2. Malling Address 3. Date incorporated or Qualified 01/26/1983 4. FEI Number 59-1512609 Not Applicable 59-1512609 Not Applicable 59-1512609 Not Applicable 6. Election Campaign Financing Fee Required 7- Fee Required 8- Finds Company Fee Required 8- Fee Required 8- Finds Company Fee Required 8- Fee Required 9- Fee Re	1. Corporation Name THOMAS MON' Principal Place of Busin 1 S.E. AVE EAST P. O. BOX 1510 BELLE GLADE FL 33430- 2. Principal Place of Busin Suite, Apt. #, etc. 22 City & State	TGOMERY, P.A.	Mailing Address 1 S.E. AVE EAST P. O. BOX 1510 BELLE GLADE FL 33430-350 2a. Mailing Address	э	DO NOT WRITE IN THE 3. Date incorporated or Qualified 01/26/1983 4. FEI Number	
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State City & Stat	City & State		Suite Ant # atc		59-1512609	Not Applicable
City & State 28 City & State 28 Country 25 29 30 Country 25 29 30 Country 28 Country 29 30 Country 29 30 Represent Property Tax due June 30. Yes No Yes No No MONTGOMERY, THOMAS 1 SE AVE, E BELLE GLADE FL 33430 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 agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, Speed of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reliatating) DATE	City & State		——————————————————————————————————————		5. Certificate of Status Desired	
Zip Country Zip Country B. Trust Fund Contribution Added to Fees Zip Country Zip Country B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MONTGOMERY, THOMAS 1 SE AVE, E BELLE GLADE FL 33430 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 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 Signalums, typed or printed name of regulared agent and talls if applicable (NOTE: Registered Agent) signature required when relistating) DATE	23				6. Election Campaign Financing	
28 29 30 Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent MONTGOMERY, THOMAS 1 SE AVE, E BELLE GLADE FL 33430 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83					Trust Fund Contribution	Added to Fees
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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 trusted 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 a lattachment with a laddress.

Jul 22 1998 8:00am