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May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000068352 (2)

1. Corporation Name

MONTGOMERY & ASSOCIATES CONSULTING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4049 THE FENWAY MULBERRY FL 33880		Mailing Address 4049 THE FENWAY MULBERRY FL 33880	
2. Principal Place of Business 21 4639 SAN ANTONIO DR. Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 7551 Suite, Apt. #, etc.	
22 City & State 23 LAKELAND FL		27 City & State 28 LAKELAND F	
24 Zip 33813		29 Zip 33807	
25 Country USA		30 Country USA	
9. Name and Address of Current Registered Agent MONTGOMERY, ANTHONY 4049 THE FENWAY MULBERRY FL 33880		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4639 SAN ANTONIO DR. 83 84 City LAKELAND FL 85 Zip Code 33813	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPV	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, ANTHONY	1.2 NAME	
STREET ADDRESS	4049 THE FENWAY	1.3 STREET ADDRESS	4639 SAN ANTONIO DR.
CITY-ST-ZIP	MULBERRY FL 33880	1.4 CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	DST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, DEBORAH	2.2 NAME	
STREET ADDRESS	4049 THE FENWAY	2.3 STREET ADDRESS	4639 SAN ANTONIO DR.
CITY-ST-ZIP	MULBERRY FL 33880	2.4 CITY-ST-ZIP	LAKELAND, FL 33813
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Deborah Montgomery* DEBORAH MONTGOMERY 4-21-98 941-708-0005

CR2E034 (10/97)