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

APPROVED AND FILED

95 APR 29 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000019853 (8)**

1. Corporation Name
STRICK & MONTGOMERY INVESTMENTS, INC.

Principal Place of Business	Mailing Address
823-A N COCOA BLVD COCOA FL 32922	823-A N COCOA BLVD COCOA FL 32922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1994
3a. Date of Last Report:

2. Principal Place of Business — 21: 3125 WEST NEW HAVEN AVE
22 Suite, Apt. #, etc.:
23 City & State: Melbourne, Florida
24 Zip: 32904
25 Country: U.S

2a. Mailing Address — 26: 3125 WEST NEW HAVEN AVE
27 Suite, Apt. #, etc.:
28 City & State: MELBOURNE FLORIDA
29 Zip: 32904
30 Country: U.S

4. FEI Number: 59-323-3060 ☐ 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

9. Name and Address of Current Registered Agent

HEIDE, R. E.
823-A N COCOA BLVD
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name: SCOTT LANFORD
82 Street Address (P.O. Box Number is Not Acceptable): 3125 WEST NEW HAVEN AVE. #20J
83
84 City: Melbourne FL 85 Zip Code: 32904

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: 4/24/95
Signature, typed or printed name of registered agent and date (required) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRESIDENT P & S	☒ Change ☐ Addition
NAME	HEIDE, R. E.	12 NAME	Timothy Hugh Montgomery	
STREET ADDRESS	823-A N COCOA BLVD	13 STREET ADDRESS	2695 Pine Cone Drive	
CITY ST ZIP	COCOA FL 32922	14 CITY ST ZIP	Melbourne, FL 32940	
TITLE		21 TITLE	VICE PRESIDENT V + T	☒ Change ☐ Addition
NAME		22 NAME	Ellen Marie Montgomery	
STREET ADDRESS		23 STREET ADDRESS	2695 Pine Cone Drive	
CITY ST ZIP		24 CITY ST ZIP	Melbourne FL 32940	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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: _____ Timothy Hugh Montgomery 4/19/95 853-6122
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0008210 CF