

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000058552 (8)

1. Corporation Name

MONTANA GRANDE CORPORATION



Principal Place of Business

1501 DECKER AVE SUITE 523  
STUART FL 34994

Mailing Address

PO BOX 1847  
PALM CITY FL 34990

3. Date Incorporated or Qualified

08/09/1994

3a. Date of Last Report

04/18/1995

4. FEI Number

65-0515122

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

Country

28

Zip

Country

24

25

29

34991

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOWDISH, JAMES L S  
555 COLORADO AVE  
STUART FL 34994

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 title (if applicable)

(NOTE: Registered Agent signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D  
FIX, JOHN  
STREET ADDRESS  
PO BOX 1847 N/A  
CITY - ST - ZIP  
PALM CITY FL 34990

TITLE ☐ DELETE

NAME  
DP  
FIX, JOHN  
STREET ADDRESS  
P O BOX 1847  
PALM CITY FL

TITLE ☐ DELETE

NAME  
ST  
FIX, JOHN  
STREET ADDRESS  
P O BOX 1847  
CITY - ST - ZIP  
PALM CITY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
Palm City, FL 34991

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
Palm City, FL 34991

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
Palm City, FL 34991

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Fix, President

4-25-96

Date

407-287-4670

Daytime Phone

CR2E034 (12/95)