

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

FILED
Jun 05 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P95000037029 (2)

1. Corporation Name
BITCO, INC.



Principal Place of Business

**3420 CONNELL DR.
PENSACOLA FL 32503**

Mailing Address

**P.O. BOX 30585
PENSACOLA FL 32503-1585**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**MONTGOMERY, JAMIL I
3420 CONNELL DR.
PENSACOLA FL 32503**

3. Date Incorporated or Qualified

05/05/1995

3a. Date of Last Report

10/02/1996

4. FEI Number

59-3296768

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

10. Name and Address of New Registered Agent

81 Name

GARY M. MONTGOMERY

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

3420 CONNELL DR.

83

84 City

PENSACOLA

FL

32503
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

Gary M. Montgomery
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/1/97

12. OFFICERS AND DIRECTORS

P **MONTGOMERY, JAMIL** ☒ DELETE
3420 CONNELL DRIVE
PENSACOLA FL 32503

☐ DELETE

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

M
GARY MONTGOMERY
3420 CONNELL DRIVE
PENSACOLA, FL 32503

☐ Change ☐ Addition

☐ Change ☐ Addition
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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

Gary M. Montgomery

6/26/97

926 483-1455

CR2E034 (9/96)