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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000050168 (0)

MONTIE S. NUGENT, INC.

Principal Plac	e of Business	Mailing Address			T COMPANIO SEM TOTAL CONTENT MANDED MANDED AND AND THE CONTENT OF THE PARTY OF THE PARTY OF THE PARTY OF THE P				
305 CONGRESS STREET OLDSMAR FL 34677		305 CONGRESS STREET OLDSMAR FL 34677-3626							
					_	3. Date Incorporated or Qualified 06/26/1995	1	ite of Last R)1/1996	leport
2. Principal P	Place of Business	2a. Mailing Address	ta. Mailing Address			4. FEI Number			oplied For
21		26			59-3324762 Not Applicab				
Suite, Apt. #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & Stat	te	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28	1 6: ::	1		Trust Fund Contribution			to Fees
Zip T-1	Country	Zip	Coun	ııry		8. This corporation has liability for in			. 199.032,
24	25	29 	30		·····	Florida Statutes 10. Name and Address of New Reg		_l No	
	9. Name and Address of Curre	ur ueðisteren wåeur		B1	Name)U. Name and Aboress of New Neg	istalan i	чдеги	
	GENT, MONTIE S			"	INDITIO				
	CONGRESS STREET		[6	32	Street Addr	ess (P.O. Box Number is Not Acceptable	ө)		
OLE	DSMAR FL 34677		-	B3					
			'	"					
	•		Ī	84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the ab	ove-	named corp	poration submits this statement for the po	rpose of	changing if	ts registered
agent. La	registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 607.0505, FI	autriorizeo orida Statu	idy ites.	tne corporat	ion's board of directors. I hereby accep	t the app	omment as	registered
SIGNATURE.									
diditation.	Signature, typed or printed name of registered as		TE: Registered	Agen	nt signature requir	red when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	~~~	
TITLE	P	DELETE	1.1 THL	.F				Change	Addition
NAME	NUGENT, MONTIE S		1.2 NAX	ИE					
STREET ADDRESS	305 CONGRESS STREET		1.3 STR	EET #	ADDRESS				
C(1Y - ST - Z(F)	OLDSMAR FL 34677		1.4 CfT	Y - ST	- ZIP				
TITLE		☐ DELETE	2.1 1111	.E				Change	Addition
NAME			2.2 NA	νE		#* *	523		
STREET ADORESS			2.3 STR	EET A	ADDRESS				
CHY-ST-ZIP			2. 4 CIT	Y-\$1	T-ZIP				
TITLE		☐ DELETE	3.1 TITL	Ę				☐ Change	Addition
NAME			3.2 NAN	Æ					
STREET ADDRESS			3.3 STR	EET #	ADDRESS				
CITY - ST - 7IP			3.4. CIT	Y- \$1	T - ZtP				
TITLE		DELETE	4.1 TITL	.E				Change	Addition
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	EET A	address				
CITY-ST-ZIP			4.4 CH1	y-\$1	-ZIP				
TITLE		DELETE	5.1 TITL	.E				Change	Addition
NAME	†		5.2 NAM	ИE					
STREET ADDRESS			5.3 STR	EET /	ADDRESS				
CITY - ST - ZIP			5.4 CIT	Y - ST	-2IP				
TITLE		DELETE	6.1 T tTL					Change	Addition
NAME			6.2 NAN	ΝĚ					
STREET ACIDRESS			6.3 STR	EET #	ADDRESS				

6.4 CITY-ST-ZIP

CHY-SI-7#

14. I do 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.

FILED

May 12 1997 8:00am

Secretary of State