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FILED
May 19 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 # P95000050168 (0)

1. Corporation Name

MONTIE S. NUGENT, INC.

Principal Place of Business

305 CONGRESS STREET
OLDSMAR FL 34677

Mailing Address

305 CONGRESS STREET
OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1995

4. FEI Number

59-3324762

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1590 McMullen Booth Rd

26 1590 McMullen Booth Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 K-2

27 K-2

City & State

City & State

23 Clearwater FL

28 Clearwater FL

Zip

Zip

24 33419

29 33419

Country

Country

25 Pinellas

30 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NUGENT, MONTIE S
305 CONGRESS STREET
OLDSMAR FL 34677

81 Name

NUGENT, MONTIE S.

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

1590 McMullen Booth Rd

83

K-2

84 City

Clearwater

FL

85 Zip Code

33619

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 Montie S. Nugent

Montie S. Nugent

4-29-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P NUGENT, MONTIE S
NAME NUGENT, MONTIE S
STREET ADDRESS 305 CONGRESS STREET
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE P
12 NAME NUGENT, MONTIE S
13 STREET ADDRESS 1590 McMullen Booth Rd - K-2
14 CITY-ST-ZIP Clearwater FL 33419

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

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

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

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

61 TITLE ☐ DELETE
62 NAME
63 STREET ADDRESS
64 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 Montie S. Nugent

Montie S. Nugent

4-29-98 DR-2246544

CR2E034 (10/97)