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

PROFIT CORPORATION ANNUAL REPORT **1999**		FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90048 044 ***150.00

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DOCUMENT # P96000030138

1. Corporation Name

J A MONTRONE & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
J A MONTRONE & ASSOCIATES INC 4634 CENTRAL AVE ST PETERSBURG FL 33711 US	8711 BLIND PASS ROAD. #309 ST. PETERSBURG BEACH FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
04/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **59-3371283**	Applied For / Not Applicable
21	**26**		
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State **23**	City & State **28**	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip **24** / Country **25**	Zip **29** / Country **30**	8. This corporation owes the current year Intangible Personal Property Tax. ☒Yes ☐No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MONTRONE, JOYCE A 8711 BLIND PASS ROAD, #309 ST. PETERSBURG BEACH FL 33706	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 _____   DATE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE **PVST** ☐ DELETE		1.1 TITLE	☐ Change	☐ Addition
NAME **MONTRONE, JOYCE A**		1.2 NAME		
STREET ADDRESS **8711 BLIND PASS ROAD, #309**		1.3 STREET ADDRESS		
CITY-ST-ZIP **ST. PETERSBURG BEACH FL 33706**		1.4 CITY-ST-ZIP		
TITLE **D** ☐ DELETE		2.1 TITLE	☐ Change	☐ Addition
NAME **MONTRONE, JOSEPH JR**		2.2 NAME		
STREET ADDRESS **8711 BLIND PASS ROAD, #309**		2.3 STREET ADDRESS		
CITY-ST-ZIP **ST. PETERSBURG BEACH FL 33706**		2.4 CITY-ST-ZIP		
TITLE ☐ DELETE		3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE ☐ DELETE		4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE ☐ DELETE		5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE ☐ DELETE		6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _Joyce Q. Montrone, President_   3/26/99   727-321-2503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #