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FILED

Feb 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000048668 (3)

1. Corporation Name

PAUL MONTGOMERY STUDIO, INC.



Principal Place of Business

1605 MAIN STREET STE 1001  
SARASOTA FL 34236

Mailing Address

1605 MAIN STREET STE 1001  
SARASOTA FL 34236-5861

3. Date Incorporated or Qualified

06/07/1996

3a. Date of Last Report

2. Principal Place of Business

21 4662 Ashton Rd.

Suite, Apt. #, etc.

22

City & State

23 Sarasota, FL 34233

24 Zip 34233

Country

25 USA

2a. Mailing Address

26 4662 Ashton Rd.

Suite, Apt. #, etc.

27

City & State

28 Sarasota, FL 34233

29 Zip 34233

Country

30 USA

4. FEI Number

65-0673683

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

9. Name and Address of Current Registered Agent

GOLDSMITH, STANLEY A  
1605 MAIN STREET STE 1001  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME MONTGOMERY, PAUL  
STREET ADDRESS 4662 ASHTON ROAD  
CITY - ST - ZIP SARASOTA FL 34233

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST  
1.2 NAME MONTGOMERY, PAUL  
1.3 STREET ADDRESS 4662 Ashton Road  
1.4 CITY - ST - ZIP Sarasota, FL 34233

☒ Change

☐ Addition

2.1 TITLE ST  
2.2 NAME MILLIGAN, ARTHUR  
2.3 STREET ADDRESS 4662 Ashton Road  
2.4 CITY - ST - ZIP Sarasota, FL 34233

☐ Change

☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-97 941-925-4000

Date

Daytime Phone #

CR2E034 (9/96)