


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

FILED

Jan 26 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 # P96000066378 (6)

1. Corporation Name

MONHEGAN ENTERPRISES, INCORPORATED

Principal Place of Business

124 CYPRESS COVE
JUPITER FL 33458

Mailing Address

124 CYPRESS COVE
JUPITER FL 33458



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1996

4. FEI Number

65-0678625

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 815 EASTOVER CIR

Suite, Apt. #, etc.

22 City & State

23 DELAND, FL

Zip

24 32724

Country

25 Volusia

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

ADAMS, RODNEY B

124 CYPRESS COVE

JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name

Rodney B. Adams

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

815 EASTOVER Circle

83

84 City

DeLand

FL

85 Zip Code

32724

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

R.B. Adams, R.B. Adams, C.E.O.

1/17/98

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 CTD ☐ DELETE

NAME ADAMS, RODNEY B.

STREET ADDRESS 124 CYPRESS COVE

CITY-ST-ZIP JUPITER FL

TITLE PSD ☐ DELETE

NAME ADAMS, JOYCE T.

STREET ADDRESS 124 CYPRESS COVE

CITY-ST-ZIP JUPITER FL

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

815 Eastover Circle

1.4 CITY-ST-ZIP

DeLand, FL 32724

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

815 Eastover Circle

2.4 CITY-ST-ZIP

DeLand, FL 32724

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

R.B. Adams, R.B. Adams

1/17/98

(904) 740-7288

CR2E034 (10/97)