


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 15, 1999 8:00 am
Secretary of State

09-15-1999 90009 022 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000090465

1. Corporation Name
MONTEOCHA ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 263 N TEMPLE AVE STARKE FL 32091 US	Mailing Address 263 N TEMPLE AVE STARKE FL 32091 US
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3. Date Incorporated or Qualified
10/31/1996

2. Principal Place of Business 21 4460 WHWY 90	2a. Mailing Address 26 4460 WHWY 90
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27

4. FEI Number
59-3417948

Applied For
 Not Applicable

City & State 23 LAKE CITY, FL	City & State 28 LAKE CITY, FL
Zip 24 32055	Country 25 USA
Zip 29 32055	Country 30 USA

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 the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent

MULLINS, RAYMOND B
263 N TEMPLE AVE
STARKE FL 32091

10. Name and Address of New Registered Agent

81 Name **MULLINS, RAYMOND B.**

82 Street Address (P.O. Box Number is Not Acceptable)
4460 W HWY 90

83

84 City **LAKE CITY** FL 85 Zip Code **32055**

11. Pursuant to the provisions of sections 607.0502 and 607.1509, 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 607.0502, Florida Statutes.

SIGNATURE *Raymond B. Mullins* DATE **8-27-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MULLINS, RAYMOND B
STREET ADDRESS	263 N TEMPLE AVE
CITY-ST-ZIP	STARKE FL 32091
TITLE	D <input type="checkbox"/> DELETE
NAME	ELLIS, CHRISTINE M
STREET ADDRESS	263 N TEMPLE AVE
CITY-ST-ZIP	STARKE FL 32091
TITLE	D <input type="checkbox"/> DELETE
NAME	GASS, CHARLES A
STREET ADDRESS	263 N TEMPLE AVE
CITY-ST-ZIP	STARKE FL 32091
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Raymond B. Mullins* DATE: **8-27-99** TIME: **904 152 2091**

Signature, typed or printed name of signing officer or director. Date. Daytime Phone #

CR2E034 (5/99)