

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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

09-15-1999 90009 022 ***550.00

DOCUMENT # **P96000090465**

1. Corporation Name

MONTEOCHA ENTERPRISES, INC.

Principal Place of Business

**263 N TEMPLE AVE
STARKE FL 32091
US**

Mailing Address

**263 N TEMPLE AVE
STARKE FL 32091
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1996

4. FEI Number

59-3417948

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 4460 WHWY 90

Suite, Apt. #, etc.

2a. Mailing Address

26 4460 WHWY 90

Suite, Apt. #, etc.

City & State

23 LAKE CITY, FL

City & State

28 LAKE CITY, FL

Zip

24 32055

Country

25 USA

Zip

29 32055

Country

30 USA

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 WHWY 90

83

84 City

LAKE CITY

FL

85 Zip Code

32055

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 607.0504, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-27-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME
MULLINS, RAYMOND B
STREET ADDRESS
263 N TEMPLE AVE
CITY-ST-ZIP
STARKE FL 32091**

TITLE ☐ DELETE

**D
NAME
ELLIS, CHRISTINE M
STREET ADDRESS
263 N TEMPLE AVE
CITY-ST-ZIP
STARKE FL 32091**

TITLE ☐ DELETE

**D
NAME
GASS, CHARLES A
STREET ADDRESS
263 N TEMPLE AVE
CITY-ST-ZIP
STARKE FL 32091**

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

SIGNATURE

8-27-99 9041522091

CR2E034 (5/99)

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