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FILED
Apr 24 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 # P97000011395 (5)

1. Corporation Name

THE BETTS-MONTGOMERY GROUP, INC.



Principal Place of Business

Mailing Address

2201 SECOND STREET
5TH FLOOR
FT MYERS FL 33901

2201 SECOND STREET
5TH FLOOR
FT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1997

4. FEI Number

65-0727958

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 2191 DIXIE LANE

26 2191 DIXIE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 ALVA, FL.

28 ALVA, FL.

24 Zip

Country

29 Zip

Country

33920

33920

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLEMAN, CARL J ESQ.
2201 SECOND STREET
5TH FLOOR
FT MYERS FL 33901

81 Name

PAUL R MONTGOMERY

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

2191 DIXIE LANE

83

84 City

ALVA

FL

85

Zip Code

33920

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

Paul R. Montgomery
Signature typed or printed name of registered agent and that it is applicable

PAUL R MONTGOMERY PRES.

DATE

4/20/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BETTS, RAYFORD A
STREET ADDRESS 2191 DIXIE LANE
CITY-ST-ZIP ALVA FL 33920 ☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MONTGOMERY, PAUL R
STREET ADDRESS 2191 DIXIE LANE
CITY-ST-ZIP ALVA FL 33920 ☐ DELETE

2.1 TITLE PRES./S./T.
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

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, on an attachment with an address.

SIGNATURE:

Paul R. Montgomery

PAUL R. MONTGOMERY PRES. 4/20/98 941-728-2556

CR2E034 (10/97)