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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000079817

1. Corporation Name
MONTICELLO REALTY INVESTMENTS, INC.



Principal Place of Business
1604 STOCKTON ST JACKSONVILLE FL 32204

Mailing Address
1604 STOCKTON ST JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/12/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 50-3520728	
22		27		APPLIED FOR	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/>	
24		29		30	
25		30		\$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
30		30		\$5.00 May Be Added to Fees	
30		30		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CONOLLY, ROBERT C 1604 STOCKTON ST JACKSONVILLE FL 32204				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				Jacksonville, FL 32204			

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 *William R. Roberts* **William R. Roberts** DATE **2/8/99**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, HENRY E III	1.2 NAME	
STREET ADDRESS	1604 STOCKTON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, THOMAS	2.2 NAME	
STREET ADDRESS	1604 STOCKTON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVERMAN, L J	3.2 NAME	
STREET ADDRESS	1447 PEACHTREE ST NE, SUITE 414	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 3030	3.4 CITY-ST-ZIP	
TITLE	TDVP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONOLLY, ROBERT C	4.2 NAME	Willis W. Williams
STREET ADDRESS	1604 STOCKTON ST	4.3 STREET ADDRESS	1604 Stockton Street
CITY-ST-ZIP	JACKSONVILLE FL 32204	4.4 CITY-ST-ZIP	Jacksonville, FL 32204
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINS, ELOISE	5.2 NAME	
STREET ADDRESS	1604 STOCKTON ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Secretary - Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, WILLIAM R	6.2 NAME	William R. Roberts
STREET ADDRESS	711 N OAK ST	6.3 STREET ADDRESS	711 North Street
CITY-ST-ZIP	VALDOSTA GA 31601	6.4 CITY-ST-ZIP	Valdosta, GA 31601

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, with all other like empowered.

SIGNATURE: *Henry E. Dean, III* **Henry E. Dean, III** DATE **2/8/99** 904-384-3666

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

CR2E034 (1/198)