

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90056 025 ***150.00

DOCUMENT # P98000020064

1. Corporation Name
MONTGOMERY P. OSBOURNE, INC.

Principal Place of Business
4710 CLEARFIELD AVE.
TAMPA FL 33609

Mailing Address
4710 CLEARFIELD AVE.
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1998

4. FEI Number

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4615 NORTH BOULEVARD

Suite, Apt. #, etc.

22

City & State

23 TAMPA FL

Zip

24 33603

Country

25 USA

2a. Mailing Address

26 4615 NORTH BOULEVARD

Suite, Apt. #, etc.

27

City & State

28 TAMPA FL

Zip

29 33603

Country

30 USA

9. Name and Address of Current Registered Agent

SWIGER, STEVEN
4710 CLEARFIELD AVE.
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

STEVEN SWIGER

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

4615 NORTH BOULEVARD

83

84 City

TAMPA

FL

85 Zip Code

33603

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

Signature, typed or printed name of registered agent and date of signature

STEVEN SWIGER

1/28/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SWIGER, STEVEN C
STREET ADDRESS 4710 CLEARFIELD AVE.
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ DELETE

NAME DUFANY, MARK M
STREET ADDRESS 4710 CLEARFIELD AVE.
CITY-ST-ZIP TAMPA FL 33609

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 STEVEN C. SWIGER
1.3 STREET ADDRESS 4615 NORTH BOULEVARD
1.4 CITY-ST-ZIP TAMPA FL 33603

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME MARK M. DUFANY
2.3 STREET ADDRESS 1006 FRIBLEY STREET
2.4 CITY-ST-ZIP TAMPA FL 33603

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN C. SWIGER

1/28/99

813.239.9224

Date

Daytime Phone #