

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 13, 1999 8:00 am
Secretary of State

04-13-1999 90010 010 ***150.00

DOCUMENT # P98000020301

1. Corporation Name

The Cormont Corporation

Principal Place of Business
3952 Irma Shores Dr.
Orlando, Florida 32817

Mailing Address
3952 Irma Shores Dr.
Orlando, Florida 32817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

March 2, 1998

4. FEI Number

59-3502554

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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

Keith Manzi
215 N. Eola Drive
Orlando, FL 32801

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME Michael A. Corder
STREET ADDRESS 3952 Irma Shores Drive
CITY-ST-ZIP Orlando, FL 32817

TITLE D ☐ DELETE
NAME James L. Montgomery
STREET ADDRESS 10651 Buck Road
CITY-ST-ZIP Orlando, FL 32817

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 PS ☐ Change ☒ Addition
1.2 NAME Barbara A. Montgomery
1.3 STREET ADDRESS 10651 Buck Road
1.4 CITY-ST-ZIP Orlando, FL 32817

2.1 TITLE DV ☐ Change ☒ Addition
2.2 NAME James L. Montgomery
2.3 STREET ADDRESS 10651 Buck Road
2.4 CITY-ST-ZIP Orlando, FL 32817

3.1 TITLE T ☐ Change ☒ Addition
3.2 NAME Kathryn H. Corder
3.3 STREET ADDRESS 3952 Irma Shores Drive
3.4 CITY-ST-ZIP Orlando, FL 32817

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 for or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara A. Montgomery

678-8491

CR2F034 (11/93)