

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortherm
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V09394 (0)

1. Corporation Name

MONTGOMERY ENTERPRISES, INC.

Principal Place of Business

363 ATLANTIC BOULEVARD
SUITE 6
ATLANTIC BEACH FL 32233-5251
US

Mailing Address

363 ATLANTIC BOULEVARD
SUITE 6
ATLANTIC BEACH FL 32233-5251
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MONTGOMERY, LESLIE A.
326 19TH STREET
ATLANTIC BEACH FL 32233

3. Date Incorporated or Qualified

01/24/1992

3a. Date of Last Report

06/29/1994

4. FBI Number

59-3120135

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. The corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 filer's application

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

C

MONTGOMERY, FRANK R
1035 WILLOW RD
WINNETKA IL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

MONTGOMERY, JOAN S
326 19TH STREET
ATLANTIC BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

MONTGOMERY, JAMES R
326 19TH STREET
ATLANTIC BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

MONTGOMERY, LISA W
326 19TH STREET
ATLANTIC BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS

MONTGOMERY, LESLIE
325 19TH STREET
ATLANTIC BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Frank R. Montgomery

FRANK R. MONTGOMERY, CHAIRMAN

July 27, 1995 270-2668

FILED

1995 AUG -3 AM 9:18

STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CR2034 (3/95)