

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
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**

3. Date Incorporated or Qualified **01/24/1992** 3a. Date of Last Report **08/04/1995**

2. Principal Place of Business 2a. Mailing Address
21 **535 L #7** 26 **535 L #7**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 **ATLANTIC BEACH FL** 28 **ATLANTIC BEACH, FL**
24 **32233** 25 Country 29 **32233** 30 Country

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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

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

81 Name **LESLIE MONTGOMERY HILL**
82 Street Address (P.O. Box Number is Not Acceptable)
326 19TH STREET
83
84 City **ATLANTIC BEACH** FL 85 Zip Code **32233**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **LESLIE MONTGOMERY HILL** 15 JUNE 1996
Signature typed or printed name of registered agent and the corporation Date

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
	C	MONTGOMERY, FRANK R	1035 WILLOW RD WINNETKA IL	☐ DELETE			
	P	MONTGOMERY, JOAN S	326 19TH STREET ATLANTIC BEACH FL	☐ DELETE			
	V	MONTGOMERY, JAMES R	326 19TH STREET ATLANTIC BEACH FL	☐ DELETE			
	S	MONTGOMERY, LISA W	326 19TH STREET ATLANTIC BEACH FL	☐ DELETE			
	AS	MONTGOMERY, LESLIE	325 19TH STREET ATLANTIC BEACH FL	☐ DELETE			
				☐ DELETE			

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY - ST - ZIP
	AS	LESLIE MONTGOMERY HILL	326 19TH STREET ATLANTIC BEACH FL 32233	☒ Change ☐ Addition			
				☐ Change ☐ Addition			
				☐ Change ☐ Addition			
				☐ Change ☐ Addition			
				☐ Change ☐ Addition			
				☐ Change ☐ Addition			
				☐ Change ☐ Addition			
				☐ Change ☐ Addition			
				☐ 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** June 15, 1996 (847) 459-7258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

CR2E034 (12/95)