FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V16831** **(2)**

1. Corporation Name

MONTGOMERY, INC.

Principal Place of Business	Mailing Address
P. O. BOX 907 SAN MATEO FL 32187	P. O. BOX 907 SAN MATEO FL 32187

3. Date Incorporated or Qualified: **02/24/1992**	3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3112445**	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 SPANISH TOWERS	26 613 ST. JOHN'S AVE
Suite, Apt. #, etc. 22 SUITE #210	Suite, Apt. #, etc. 27
City & State 23 PALATKA	City & State 28
Zip / Country 24 32177-0210 25 PUTNAM	Zip / Country 29 30

9. Name and Address of Current Registered Agent

HOLMES, DONALD E ATTY
211 N. 2ND ST.
PALATKA FL 32177

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	MONTGOMERY, JAMES L.		1.2 NAME	
STREET ADDRESS	102 MOCKINGBIRD RD.		1.3 STREET ADDRESS	613 ST. JOHNS AVE SUITE 210
CITY-ST-ZIP	SATSUMA FL		1.4 CITY-ST-ZIP	PALATKA, FL 32177-0210
TITLE	DV	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	MONTGOMERY, STEPHEN L.		2.2 NAME	
STREET ADDRESS	102 MOCKINGBIRD RD.		2.3 STREET ADDRESS	613 ST. JOHNS AVE SUITE 210
CITY-ST-ZIP	SATSUMA FL		2.4 CITY-ST-ZIP	PALATKA, FL 32177-0210
TITLE	DST	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	MONTGOMERY, LINDA K.		3.2 NAME	
STREET ADDRESS	102 MOCKINGBIRD RD.		3.3 STREET ADDRESS	613 ST. JOHNS AVE SUITE 210
CITY-ST-ZIP	SATSUMA FL		3.4 CITY-ST-ZIP	PALATKA, FL 32177-0210
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 above, or on an attachment with an address.

SIGNATURE: Stephen L. Montgomery
STEPHEN L. MONTGOMERY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96
Date

904-329-2610
Daytime Phone #