

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 710087 (8)

1. Corporation Name  
**FLORIDA A. G. C. COUNCIL, INC.**



Principal Place of Business Mailing Address  
322 BEARD STREET TALLAHASSEE, FL (32303) PO BOX 10569 TALLAHASSEE FL 32302 US

3. Date Incorporated or Qualified 12/21/1965  
3a. Date of Last Report 04/28/1995  
4. FEI Number 59-1142866  
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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent  
~~WOODALL, MARK S.  
322 BEARD STREET  
TALLAHASSEE FL 32303~~

10. Name and Address of New Registered Agent  
81 Name CLAY McCULLOH  
82 Street Address (P.O. Box Number is Not Acceptable) 322 BEARD STREET  
83 TALLAHASSEE FL 32303  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.002 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.  
SIGNATURE: *[Signature]* CLAY McCULLOH 1/25/96  
DATE: 1/25/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DUSEK, JOE <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUSEK, JOE	1.2 NAME	
STREET ADDRESS	5401 CORPORATE WOODS	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	PD ALLRED, BARRY <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLRED, BARRY	2.2 NAME	
STREET ADDRESS	4501 BEVERLY AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VD ROEPNACK, BOB <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROEPNACK, BOB	3.2 NAME	
STREET ADDRESS	400 EAST ATLANTIC BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	M WOODALL, MARK <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODALL, MARK	4.2 NAME	
STREET ADDRESS	322 BEARD STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 of Book 18 if changed, or on any attachment with an address.  
SIGNATURE: *[Signature]* CLAY McCULLOH 1/25/96 813-988-6697  
DATE: 1/25/96 Daytime Phone #

CR2E037 (12/95)