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Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710087 (8)

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



Principal Place of Business 322 BEARD STREET TALLAHASSEE, FL (32303) PO BOX 10569 TALLAHASSEE FL 32302 US	Mailing Address 322 BEARD STREET TALLAHASSEE, FL (32303) PO BOX 10569 TALLAHASSEE FL 32302-2569 US
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2. Principal Place of Business 21 215 S. Monroe St. Suite, Apt. #, etc. 22 Suite 500 City & State 23 Tallahassee, FL Zip 24 32301	2a. Mailing Address 26 PO Box 10569 Suite, Apt. #, etc. 27 City & State 28 Tallahassee, FL Zip 29 32302-2569	3. Date Incorporated or Qualified 12/21/1965	3a. Date of Last Report 01/31/1996
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4. FEI Number 59-1142866	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CLAY MCCULLOH
322 BEARD STREET
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name Arch McLean
82 Street Address (P.O. Box Number is Not Acceptable) 215 S. Monroe St., Suite 500
83
84 City Tallahassee
85 Zip Code FL 32301

11. Pursuant to the provisions of Sections 617.0502 and 617.150B, 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 617.0503, Florida Statutes.

SIGNATURE: *Arch McLean* **ARCH MCLEAN** **SECRETARY** **5/14/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> DELETE
NAME DUSEK, JOE	
STREET ADDRESS 5401 CORPORATE WOODS	
CITY-ST-ZIP PENSACOLA FL	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME ALLRED, BARRY	
STREET ADDRESS 4501 BEVERLY AVENUE	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME ROEPNACK, BOB	
STREET ADDRESS 400 EAST ATLANTIC BLVD	
CITY-ST-ZIP POMPANO BEACH FL	
TITLE M	<input checked="" type="checkbox"/> DELETE
NAME MCCULLOH, CLAY	
STREET ADDRESS 322 BEARD STREET	
CITY-ST-ZIP TALLAHASSEE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Bill Parker	
1.3 STREET ADDRESS 1055 Ponce de Leon Blvd.	
1.4 CITY-ST-ZIP Belleair, FL 34616	
2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Dan Vogel	
2.3 STREET ADDRESS PO Box 5200	N/A
2.4 CITY-ST-ZIP Lakeland, FL 33807-5200	
3.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Jim Rasche	
3.3 STREET ADDRESS 800 N. Magnolia Ave., Suite 1301	
3.4 CITY-ST-ZIP Orlando, FL 32803	
4.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Arch McLean	
4.3 STREET ADDRESS 215 S. Monroe St., Suite 500	
4.4 CITY-ST-ZIP Tallahassee, FL 3230	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CP2E037 (9/96)