

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **854230** (0)
1. Corporation Name
A. G. C. CO.



Principal Place of Business 200 S. ORANGE AVE., 23RD FLOOR P.O. BOX 112 ORLANDO FL 32801-0112	Mailing Address 200 S. ORANGE AVE., 23RD FLOOR P.O. BOX 112 ORLANDO FL 32801-0112
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Orlando, FL 24 Zip 32801-3432 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Orlando, FL 29 Zip 32801-3432 30 Country
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3. Date Incorporated or Qualified 09/30/1982	3a. Date of Last Report 05/01/1996
4. FEI Number 34-6519716	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LINSCOTT, JERRY R.
200 S ORANGE AVE., 23RD FLOOR
ORLANDO FL 32801**

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MORITZ, MICHAEL E.	
STREET ADDRESS	85 EAST STATE STREET	
CITY - ST - ZIP	COLUMBUS OH	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	GRUETTNER, DONALD W.	
STREET ADDRESS	3200 NATIONAL CITY CTR.	
CITY - ST - ZIP	CLEVELAND OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LINSCOTT, JERRY R.	
STREET ADDRESS	200 S. ORANGE AVE. 23 FL	
CITY - ST - ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BALL, G. THOMAS	
STREET ADDRESS	200 S. ORANGE AVE. 23FL	
CITY - ST - ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FULTON, RICHARD T	
STREET ADDRESS	200 S. ORANGE AVE. 23 FL	
CITY - ST - ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WRIGHT, KENNETH C	
STREET ADDRESS	200 S ORANGE AVE, 23RD FL	
CITY - ST - ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **RECEIVED** 4/7/97 4076494004
Signature and Title of Officer or Director Date Daytime Phone #

CR2E034 (9/96)