

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K16899

1. Entity Name

AMERICAN GENERAL SERVICE SUPPLY, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90137 001 ***150.00

| | |
|---|--|
| Principal Place of Business JAMES D. LASSITER ROUTE 2, BOX 121-A E. PALATKA FL 32131 US | Mailing Address JAMES D. LASSITER ROUTE 2, BOX 121-A E. PALATKA FL 32131-9802 US |
|---|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|--------------|---------|
| 2. Principal Place of Business 201 Federal Point Rd Suite, Apt. #, etc. E. Palatka, FL City & State | 3. Mailing Address 201 Federal Point Rd Suite, Apt. #, etc. E. Palatka, FL City & State | | |
| Zip 32131 | Country | Zip 32131 | Country |

| | |
|--|--|
| 4. FEI Number 59-1654978 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LASSITER, JAMES DANIEL
 201 FEDERAL POINT RD
 E. PALATKA FL 32131

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LASSITER, JAMES DANIEL ROUTE 2, BOX 121-A E. PALATKA FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 1/25/00 904-325-6960
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #