

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 8:55

DOCUMENT # P92000011532 (8)

1. Corporation Name

A.G. ERIKSSON COMPANY

Principal Place of Business

Mailing Address

1423 HOLLEMAN DR
VALRICO FL 33594

1423 HOLLEMAN DR
VALRICO FL 33594

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/14/1992
3a. Date of Last Report 03/25/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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4. FEI Number 59-3155226
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDERMOTT, MICHAEL J
791 W LUMSDEN RD
BRANDON FL 33511

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, Title of the individual or registered agent and the # of copies)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ERIKSSON, AUSTIN G
STREET ADDRESS 1423 HOLLEMAN DR
CITY - ST - ZIP VALRICO FL 33594

1.1 TITLE Change Addition

TITLE
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CITY - ST - ZIP

1.2 NAME

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6.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

2/15/95 813-684-8108
DATE DAY/MONTH/YEAR