

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 2 11 0:37

DOCUMENT # **V15382** (7)

1. Corporation Name
AMERICAN GENERAL CONSULTING, INC.

Principal Place of Business Mailing Address
2600 22ND STREET NORTH 510 136TH COURT EAST
1912 DOLPHIN BLVD. ~~1912 DOLPHIN BLVD.~~
ST. PETERSBURG FL 33713 BRADENTON FL 34202
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/19/1992** 3a. Date of Last Report **06/24/1994**

4. FEI Number **59-3110414** 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **510 136th Court East** 26 **510 136th Court East**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Bradenton, FL** 27
City & State City & State
23 **Bradenton FL** 28 **Bradenton FL**
Zip Country Zip Country
24 **34202 Manatee** 29 **34202 Manatee** 30

9. Name and Address of Current Registered Agent

SCHROEDER, PATRICIA E.
1912 DOLPHIN BOULEVARD
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

01 Name **Schroeder, Patricia E.**
02 Street Address (P.O. Box Number is Not Acceptable) **5000 Gulf Blvd.**
03 **Suite 804**
04 City **ST Pete Beach FL** 05 Zip Code **33706**

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 renewing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	COLLINS, T. C.
STREET ADDRESS	410 136TH COURT E.
CITY, ST, ZIP	BRADENTON FL
TITLE	D
NAME	SCHROEDER, PATRICIA E.
STREET ADDRESS	1912 DOLPHIN BLVD.
CITY, ST, ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Schroeder, Patricia E.
2.3 STREET ADDRESS	5000 Gulf Blvd, Suite 804
2.4 CITY, ST, ZIP	ST Pete Beach FL 33706
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *TC Collins* - President 5/12/95 813-748-0205
 (Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone Number)