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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

J40541

(1)

DOCUMENT #

AG.-VENTURES, INC.

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

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29

9. Name and Address of Current Registered Agent

4004 RAINES RD. **BROOKSVILLE FL 34609** 

2. Principal Place of Business

25

HUNNICUTT, HOMER E.

17078 POWELL RD. **BROOKSVILLE FL 34609** 

Suite, Apt. #, etc.

City & State

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22

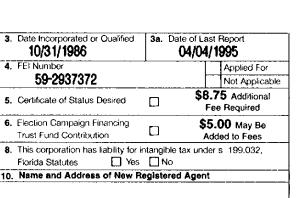
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Ζip

Principal Place of Business

4004 RAINES RD. **BROOKSVILLE FL 34609** 



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

Country

81 Name

82

83 84 City

Street Address (P.O. Box Number is Not Acceptable)

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	n, and accept the obligations of, Section 6	607.0505, Florida Statutes.				
SIGNATURE -	Signature, typed or printed name of registered agent and to	tle if applicable. (NO	TE: Registered Agent signature required wi	hen reinstaling!	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTS	□ DELETÉ	1. 1 TITLE		☐ Change	Addition
NAME	HUNNICUTT, HOMER E.		1.2 NAME			
STREET ADDRESS	17078 POWELL RD		1.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL		1.4 CITY - S1 - ZIP			
THLE	D	DELETE	2. 1 TITLE		☐ Change	Addition
NAME	HUNNICUTT, HOMER E.		2.2 NAME			
STREET ADDRESS	17078 POWELL RD		2.3 STREET ADDRESS			
CITY-ST-ZIP	Brooksville fl		2 4 C(TY - ST - Z(P			
THILE	VST	☐ DELETE	3 1 TITLE		☐ Change	Addition
NAME	HUNNICUTT, NANCY H.		3.2 NAME			
STREET ADDRESS	17078 POWELL RD		3.3 STREET ADDRESS			
CITY-ST-ZIP	Brooksville fl		3 4 City-St-ZiP			
TITLE	D	☐ DELETE	4. 1 TITLE		☐ Change	Addition
NAME	HUNNICUTT, NANCY H.		4.2 NAME			
STREET ADDRESS	17078 POWELL RD		4.3 STREET ADDRESS			
CITY-SI-ZIP	Brooksville fl		4.4 CITY - ST - ZIP			
TIFLE		☐ DELE1E	5 1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-SI-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6. 1 TITLE		Change	Addition
NAME			6.2 NAME			
STHEET ADDRESS			6.3 STREET ADDRESS			
CITY OF 719			CACITY CT 710			

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 119.07(3)(k), Florida Statutes. 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 eath; that I am an officer or director of the concoration or the receiver or sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name oath; that I am an officer or director of the convoration or the receiver or appears in Block 12 or Block 13 if changed, or an attachment with an

SIGNATURE:

OR DIRECTOR

4-15.96 352.796.8008

CR2E034 (12/95)

Zip Code

85