2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000063235

Entity Name: AGP '93 CORP.

Current Principal Place of Business:

C/O PETER LAWRENCE COMMERCIAL R.E., INC 4710 EISENHOWER BLVD., C-1 TAMPA, FL 33634

Current Mailing Address:

C/O PETER LAWRENCE COMMERCIAL R.E., INC 4710 EISENHOWER BLVD., C-1 TAMPA, FL 33634

FEI Number: 59-3200564

Name and Address of Current Registered Agent:

PETER LAWRENCE COMMERCIAL R. E., INC 4710 EISENHOWER BOULEVARD SUITE C-1 TAMPA, FL 33634 US

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

| Title | DC | Title | DT |
|-----------------|-----------------------------|-----------------|-----------------------------|
| Name | ABRAMS, ALLAN | Name | ABRAMS, ELAINE |
| Address | 4710 EISENHOWER BLVD STE C1 | Address | 4710 EISENHOWER BLVD STE C1 |
| City-State-Zip: | TAMPA FL 33634 | City-State-Zip: | TAMPA FL 33634 |
| | | | |
| | | | |
| Title | S | Title | Ρ |
| Title Name | S ABRAMS, ROBERTA | Title Name | P HOOVER, KRISTOPHER M |
| | - | | - |
| Name | ABRAMS, ROBERTA | Name | HOOVER, KRISTOPHER M |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: KRISTOPHER HOOVER

Electronic Signature of Signing Officer/Director Detail

FILED Jan 24, 2020 Secretary of State 3694565649CC

Certificate of Status Desired: No

Date