

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 243320 (9)

1. Corporation Name

A G B CORPORATION

Principal Place of Business

9527 W HWY 98
P O BOX 9008
PANAMA CITY FL 32417

Mailing Address

9527 W HWY 98
P O BOX 9008
PANAMA CITY FL 32417



3. Date Incorporated or Qualified 12/31/1960	3a. Date of Last Report 02/14/1995
4. FEI Number 59-0920690	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

STROUD, THOMAS R
3403 STATE AVE
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: type or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
NAME	STREET ADDRESS	1.2 NAME	
STREET ADDRESS	CITY- ST- ZIP	1.3 STREET ADDRESS	
CITY- ST- ZIP	TITLE	1.4 CITY- ST- ZIP	
TITLE	NAME	2.1 TITLE	Change Addition
NAME	STREET ADDRESS	2.2 NAME	
STREET ADDRESS	CITY- ST- ZIP	2.3 STREET ADDRESS	
CITY- ST- ZIP	TITLE	2.4 CITY- ST- ZIP	
TITLE	NAME	3.1 TITLE	Change Addition
NAME	STREET ADDRESS	3.2 NAME	
STREET ADDRESS	CITY- ST- ZIP	3.3 STREET ADDRESS	
CITY- ST- ZIP	TITLE	3.4 CITY- ST- ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
NAME	STREET ADDRESS	4.2 NAME	
STREET ADDRESS	CITY- ST- ZIP	4.3 STREET ADDRESS	
CITY- ST- ZIP	TITLE	4.4 CITY- ST- ZIP	
TITLE	NAME	5.1 TITLE	Change Addition
NAME	STREET ADDRESS	5.2 NAME	
STREET ADDRESS	CITY- ST- ZIP	5.3 STREET ADDRESS	
CITY- ST- ZIP	TITLE	5.4 CITY- ST- ZIP	
TITLE	NAME	6.1 TITLE	Change Addition
NAME	STREET ADDRESS	6.2 NAME	
STREET ADDRESS	CITY- ST- ZIP	6.3 STREET ADDRESS	
CITY- ST- ZIP	TITLE	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 119.07(3)(k), 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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (12/95)