Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90070 013 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$5,50.00,

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 466481

1. Corporation Name

A.G. FREEBURG & ASSOCIATES, INC.

Principal Place of Business Mailing Address					
6968-118TH AVE N 6868-118TH AVE N LARGO FL 34643 LARGO FL 34643					
		LARGO FL 34643		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	0 0 1 1 0 -
				01/01/1975	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1566703	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>		\$8.75 Additional
22		27		5. Certifcate of Status Desired	<ul> <li>Fee Required</li> </ul>
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year h	ntangible
337	7.3 25	29 33773	30	Personal Property Tax.	☐Yes ☐No
	9. Name and Address of Curi	ent Registered Agent		10. Name and Address of New Registered	l Agent
EDE			81 Name		
	EBURG, ALFRED G.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
6868-118TH AVENUE NORTH					
LAR	GO FL 34643		83		
			84 City		85 Zip Code
				F!	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the above-named cor	rporation submits this statement for the purpose of	f changing its registered
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was au gations of. Section 607,0505. Flori	itnorized by the corporal ida Statutes.	tion's board of directors. I hereby accept the appoint	miniment as redistered
		<b>3</b>			
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered Agent signature requi	ired when reinstating) DATE	<del></del>
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELETE	1.1 TITLE	والمستقدين والمتالية المستقدات	Change Addition
NAME	freeburg, Alfred		1.2 NAME		
STREET ADDRESS	6868 118TH AVE N		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 00000		1.4 CITY-ST-ZIP	Largo, Fla. 33773	
TITLE	V	☐ DELETE	2.1 TITLE	P. Said	Change Addition
NAME	FREEBURG, CARL G.		2.2 NAME	All a topics of the second	
STREET ADDRESS	6868 118TH AVE N		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 00000		2. ¢ CITY-ST-ZIP	Largo, Fla. 33773	
TITLE		☐ DELETE	3.1 TITLE	,	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY- ST- ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	• •	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	•	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		Change Addition
NAME		<u> </u>	6.2 NAME	•	-, —
- AANT			6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: