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 #

593450

(0)

Mailing Address

Principal Place of Business

WILLIAM M. AGNER GENERAL CONTRACTOR, INC.



P. O. BOX 7. BOX 7237 LAKELAND F		P. O. BOX 7237 BOX 7237 LAKELAND FL 33807		3. Date incorporated or Qualified	3a. Date of Last Report 02/07/1995
2. Principal Plac		2a. Mailing Address	7997	4. FEI Number 59-1865947	Applied For
21 550 Suite, Apt. #,	etc.	Suite, Apt. #, etc.	125/	5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Regulred
City & State	Coland 171	City State	270	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
24 338	13 25 U.S.A	29 33807 3	Country 0 <i>U.S.A.</i>	This corporation has liability for in Florida Statutes Yes	□ No
	9. Name and Address of Current I	Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
AGNER,	WILLIAM M		82 Street Add	ress (P.O. Box Number is Not Acceptab	(al
1823 SUZANNE LANE 3/40 Deey Jane LAKELAND, 33818 33511			Sireer Add	ress (.O. Dox Harrison to Not Hoodplan	~)
LANELA	NU, 33818 3367/	0	83		
			84 City		85 Zip Code
11. Pursuant to or registered familiar with SIGNATURE.	the provisions of Sections 607.0502 a d agent, or both, in the State of Florida , and accept the obligations of, Section March, pred or prilled name of registered agent and	n 607.0505, Florida Statutes.	5. Ce).	ration submits this statement for the pur ard of directors. I hereby accept the app	pose of changing its registered office pintment as registered agent. I am
12.	ரீட்சியிய நேசிக்கி printed name of registered வேசியின் OFFICERS AND		Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TILE NAME STREET ADDRESS CITY-ST-ZIP	STD AGNER, NINA J 1823 SUZANNE LANE LAKELAND FL	☐ DELETE	1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ina g. agner	Change Addition
TITLE NAME STREET ADDRESS	PD AGNER, WILLIAM M 1823 SUZANNE LANE	☐ DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS	dieliam m 6	Change Addition
CITY+ST-ZiP	LAKELAND FL		2 4 CITY-ST-ZIP	Labeland 1	20
NAME SUREFI ADDRESS		☐ DELETE	3 1 TITLE 32 NAME 33 STREET ADDRESS 34 City-St-Zip		*. * Change Addition
CITY - ST - ZIP TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-7iP THE		☐ DELETE	4.4 CITY - ST - ZIP 5 1 TITLE	<u></u>	Change Addition
NAM:		Пресен	52 NAME		
SIBEET ADDRESS			5 3 STREET ADDRESS		
C-TY-ST-ZIP			5 4 CITY - ST - ZIP		
TELF		DELETE	6. 1 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		

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 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.

Jeb. 20, 1996 941-6446 755