

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90062 019 ***150.00

DOCUMENT # 593450

1. Corporation Name

WILLIAM M. AGNER GENERAL CONTRACTOR, INC.

Principal Place of Business

5300 S FLORIDA
STE G6
LAKELAND FL 33813
US

Mailing Address

P. O. BOX 7237
BOX 7237
LAKELAND FL 33807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1978

4. FEI Number

59-1865947

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

AGNER, WILLIAM M
5637 EMERALD RIDGE BLVD.
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD
NAME AGNER, NINA J
STREET ADDRESS 5637 EMERALD RIDGE BLVD
CITY-ST-ZIP LAKELAND FL 33813

TITLE PD
NAME AGNER, WILLIAM M
STREET ADDRESS 5637 EMERALD RIDGE BLVD.
CITY-ST-ZIP LAKELAND FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Dir. ☐ Change ☒ Addition
1.2 NAME Agner, William M. Jr.
1.3 STREET ADDRESS 1410 W. Clower
1.4 CITY-ST-ZIP Bartow, FL 33830

2.1 TITLE Vice Pres/Dir. ☒ Change ☐ Addition
2.2 NAME Agner, William M. Sr.
2.3 STREET ADDRESS 5637 Emerald Ridge Blvd
2.4 CITY-ST-ZIP Lakeland, FL 33813

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: *Nina J. Agner* *2/8/99* 941 644-625
SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)