2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 26, 2001 8:00 am Secretary of State **DOCUMENT # 593450** WILLIAM M. AGNER GENERAL CONTRACTOR, INC. 03-26-2001 90035 027 ***150.00 Principal Place of Business Mailing Address 5300 S FLORIDA P. O. BOX 7237 STE G6 BOX 7237 LAKELAND FL 33813 LAKELAND FL 33807 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1865947 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AGNER, WILLIAM M Box Number is Not Accep 5637 EMERALD RIDGE BLVD, LAKELAND FL 33813 8. 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 NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. STD Addition TITLE Delete AGNER, NINA J Rigney, Linda M. NAME NAME STREET ADDRESS 5637 EMERALD RIDGE BLVD STREET ADDRESS 3617 Royal Court S. CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 Lakeland, FL ☐ Delete TITLE Change ☐ Addition TITI F AGNER, WILLIAM M SR NAME NAME 37742 Coleman Ave. STREET ADDRESS 5637 EMERALD RIDGE BLVD. STREET ADDRESS Dade City.-FL--33525 CITY-ST-ZIP LAKELAND FL 33813 CiTY-ST-ZiP -----P/D Change ☐ Addition ☐ Delete TITI F TITLE AGNER, WILLIAM M JR NAME NAME 2648 High Ridge Drive 5927 TOPHER TRAIL STREET ADDRESS STREET ADDRESS Lakeland, FL 33813 MULBERRY FL 33860 CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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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 report or supplemental 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 11 or Block 12 if

SIGNATURE: NG OFFICER OR DIRECTO

changed, or on an attachment with an address, with all other like empowered

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