


FILE NOW: FILING FEE IS \$61.25

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Jun 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **708084** (9)

1. Corporation Name

**ASSOCIATED GENERAL CONTRACTORS OF MID-FLORIDA, I
NC.**



Principal Place of Business	Mailing Address
4500 GEORGE RD. 4902 Eisenhower Blvd. P.O. BOX 22646 TAMPA FL 33622 33634	4500 GEORGE RD. 4902 Eisenhower Blvd. P.O. BOX 22646 TAMPA FL 33622 33634

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	11/09/1964	06/25/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-0567578	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing	Trust Fund Contribution
24	25	29	30
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MC CULLOH JR., H. CLAY 4500 GEORGE RD. TAMPA FL 33634	81 Name Allen Douglas 82 Street Address (P.O. Box Number is Not Acceptable) 4902 Eisenhower Blvd. 83 Suite 217 84 City Tampa FL 85 Zip Code 33634

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Allen Douglas Allen Douglas
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIERRA, PAUL #217	1.2 NAME	Larry Gerwig
STREET ADDRESS	4500 GEORGE ROAD 4902 Eisenhower Blvd.	1.3 STREET ADDRESS	4902 Eisenhower Blvd. #217
CITY-ST-ZIP	TAMPA FL 33634	1.4 CITY-ST-ZIP	Tampa, FL 33634
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINWENDER, TED #217	2.2 NAME	
STREET ADDRESS	4500 GEORGE RD. 4902 Eisenhower Blvd.	2.3 STREET ADDRESS	4902 Eisenhower Blvd. #217
CITY-ST-ZIP	TAMPA FL 33634	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, WILLIAM (BILL)	3.2 NAME	
STREET ADDRESS	4500 GEORGE RD. 4902 Eisenhower Blvd.	3.3 STREET ADDRESS	4902 Eisenhower Blvd. #217
CITY-ST-ZIP	TAMPA FL 33634	3.4 CITY-ST-ZIP	Tampa FL 33634
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGEL, DAN	4.2 NAME	
STREET ADDRESS	4500 GEORGE ROAD 4902 Eisenhower Blvd.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCULLOH, HENRY C	5.2 NAME	DOUGLAS, ALLEN
STREET ADDRESS	4500 GEORGE RD. 4902 Eisenhower Blvd.	5.3 STREET ADDRESS	4902 Eisenhower Blvd. #217
CITY-ST-ZIP	TAMPA FL 33622 33634	5.4 CITY-ST-ZIP	Tampa fl 33634
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENFIELD, BARRY	6.2 NAME	
STREET ADDRESS	4500 GEORGE RD. 4902 Eisenhower Blvd.	6.3 STREET ADDRESS	4902 Eisenhower Blvd. #217
CITY-ST-ZIP	TAMPA FL 33622 33634	6.4 CITY-ST-ZIP	Tampa FL 33634

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE: Dan Vogel

CR2E037 (9/96)