FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 6:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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****130.00 ****130.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # **744524** **(0)**

1. Corporation Name
AGPAC, INC.

Principal Place of Business	Mailing Address
1390 TIMBERLANE RD. TALLAHASSEE FL 32312	1390 TIMBERLANE RD. TALLAHASSEE FL 32312

3. Date Incorporated or Qualified: **10/11/1978**
3a. Date of Last Report: **08/01/1994**
4. FEI Number: **59-2783160** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARTIN, FREDERICK A. 1390 TIMBERLANE RD. TALLAHASSEE FL 32312	81 Name: Kingswood Sprott III 82 Street Address (P.O. Box Number is Not Acceptable): 1390 Timberlane Road 83 84 City: Tallahassee FL 85 Zip Code: 32312

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 _____ 4/25/95
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	11 TITLE	P/S/T	☒ Change ☐ Addition
NAME	MARTIN, FREDERICK A	12 NAME	Abby McDowell	
STREET ADDRESS	1390 TIMBERLANE RD	13 STREET ADDRESS	221 Catalonia Ave	
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	KOYUTIS, BARBARA	22 NAME	Bill Moore	
STREET ADDRESS	432 PASADENA AVE S	23 STREET ADDRESS	1301 E HWY 90	
CITY-ST-ZIP	ST PETERSBURG FL	24 CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE		31 TITLE	D	☐ Change ☒ Addition
NAME		32 NAME	John P. Davis, Jr.	
STREET ADDRESS		33 STREET ADDRESS	647 Miami Lakes Dr. #105	
CITY-ST-ZIP		34 CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE		41 TITLE	D	☐ Change ☒ Addition
NAME		42 NAME	Larry Coblenz	
STREET ADDRESS		43 STREET ADDRESS	2222 Cleveland Ave.	
CITY-ST-ZIP		44 CITY-ST-ZIP	Ft. Myers, FL 33901	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		CH

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Abby McDowell

0002947