

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 744524 (0)

1. Corporation Name
AGPAC, INC.

Principal Place of Business

1390 TIMBERLANE RD.
TALLAHASSEE FL 32312

Mailing Address

1390 TIMBERLANE RD.
TALLAHASSEE FL 32312



3. Date Incorporated or Qualified
10/11/1978

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KINGSWOOD, SSPROTT 111
1390 TIMBERLANE RD.
TALLAHASSEE FL 32312

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 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

Signature, typed or printed name of registered agent and, if applicable

(NOTE: Registered Agent signature required when reinstating)

7/22/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PST	MCDOWELL, ABBY	221 CATALONIA AVE.	CORAL GABLES FL 33134	<input checked="" type="checkbox"/>
D	MOORE, BILL	1301 E. HWY. 90	WINTER GARDEN FL 34787	<input checked="" type="checkbox"/>
D	DAVIS, JOHN P	647 MIAMI LAKES DR. #105	MIAMI LAKES FL 33014	<input checked="" type="checkbox"/>
D	COBLENTZ, LARRY	2222 CLEVELAND AVE.	FT. MYERS FL 33901	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
D	PAUL AVIS	1053 N ORLANDO AVE #3	MAITLAND, FL 32751	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D	KINGSWOOD SPROTT	1390 Timberlane Rd	Tallahassee FL 32312	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	PAUL Schwend	305 N KINGS ROAD	CALLAHAN, FL 32011	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	LARRY WILLIS	18401 NW 27th Ave	MIAMI FL 33056	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P	Madeleine Patrick	13899 Biscayne Blvd	N MIAMI, FL 33181	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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

7/22/96

DATE

934 873-8245

Daytime Phone

CR2E037 (3/96)