## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 744524**

1. Corporation Name

AGPAC, INC.

Mailing Address

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90153 017 \*\*\*\*61.25

-- 20123 - 17 -

Principal Plac	e or business	Mailing Address			
1390 TIMBERLANE RD. TALLAHASSEE FL 32312  1390 TIMBERLANE RD. TALLAHASSEE FL 32312					
2. Principal P	lace of Business	2a. Mailing Address			3. Date incorporated or Qualifed
26					10/11/1978
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For
22		27			59-2783160 Not Applicable
City & Stat	te -	City & State	_		\$8.75 Additional
23	· <del>-</del>	28			5. Certificate of Status Desired Fee Required
Zip	Country	Zip	Cour	ntry	6. Election Campaign Financing \$5.00 May Be
— ·	25		30	,	Trust Fund Contribution Added to Fees
24	9. Name and Address of Current		301		10. Name and Address of New Registered Agent
	- Name and Address of Current	Registered Agent	+	81 Nam	
				7	
MARSOLA	MARSOLAIS, HAROLD R				treet Address (P.O. Box Number is Not Acceptable)
1390 TIM	Berlane RD.		ţ		·
TALLAHA:	SSEE FL 32312			83	
			ŀ	84 City	ity 85 Zip Code
	-t-m,	•	1	City	"' FL   15   25   25   25   25   25   25   25
11. Pursuant office or r agent. I a	to the provisions of Sections 617.0502 registered agent, or both, in the State or familiar with, and accept the obligations.	2 and 617.1508, Florida Statute of Florida. Such change was au ions of, Section 617.0503, Flori	s, the ab thorized ida Statu	ove-name by the co tes.	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered .	Agent signatu	nature required when reinstating) DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0.11021107411	DELETE	1,1 111	£	☐ Change ☐ Addition
	WILLIS, LARRY	_	1.2 NA		· ·
NAME					oree
STREET ADDRESS				REET ADDRES	
CITY-ST-ZIP	MIAMI FL		_	Y-ST-ZIP	☐ Change ☐ Addition
TITLE	D ,	☐ DELETE	2.† ∏∏		Citatile   Addition
NAME	KAISER, JOHN		2.2 NA	ME	
STREET ADDRESS	31 OCEAN REEF, STE. A 202		2.3 STI	REETADORE	RESS
CITY-ST-ZIP	KEY LARGO FL	<u> </u>	2.4 CF	ry st zip	
TITLE	D	☐ DELETE	3.1 TIT	LE	☐ Change ☐ Addition
NAME	MARINO, BRIAN		3.2 NA	ME	
STREET ADDRESS	ANALOS DINICO DI LIO		3.3 STI	REET ADORE	RESS
	PEMBROKE PINES FL			ry-ST-ZIP	•
TITLE	D :	DELETE	4.1 TIT		☐ Change ☐ Addition
	1 =				
NAME	SCHWEND, PAUL		4. 2 NA		
STREET ADDRESS				REET ADDRE	
CITY-ST-ZIP	CALLAHAN FL	57	_	Y-ST-ZIP	
TITLE	T	☐ DELETE ·	5.1 TIT		☐ Change ☐ Addition
NAME	MARSOLAIS, HAROLD R		5.2 NA		
STREET ADDRESS	1390 TIMBERLANE RD.		5.3 ST	REET ADDRES	RESS
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CIT	Y-ST-ZIP	
TITLE		☐ DELETE	6.1 TIT	LE	☐ Change ☐ Addition
	a m		6.2 NA	ME	<u> </u> >
PROPERT ADDRESS			6.3 STI	REET ADDRES	RESS
STREET ADDRESS				V. 91. 7ID	1

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 617, 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:

ALCOURED WEOVERED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR