

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 838391

1. Corporation Name

AMGRO, INC.

4-23-96 (1) B-4249 C



Principal Place of Business

472 LINCOLN STREET
P. O. BOX 15089
WORCESTER MA 01615-0089
US

Mailing Address

472 LINCOLN STREET
P. O. BOX 15089
WORCESTER MA 01615-0089
US

3. Date Incorporated or Qualified
05/10/1977

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

04-2457427

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 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

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 ☐ DELETE

NAME PD
RAYE, ELEANOR T.
STREET ADDRESS 80 MAYNARD ST.
CITY - ST - ZIP NORTHBORO MA

1.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

NAME T
HOWARD, DENNIS P.
STREET ADDRESS GROVE & NEWTON ST.
CITY - ST - ZIP BARRE MA

2.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

NAME S
CAHILL, WILLIAM J JR.
STREET ADDRESS 10 OLD PLANTERS ROAD
CITY - ST - ZIP BEVERLY MA

3.1 TITLE ☐ Change ☐ Addition

NAME ☒ DELETE

NAME D
MCAULIFFE, JAMES R
STREET ADDRESS 14 REV. THOMAS HOOKER ROAD
CITY - ST - ZIP WESTBORO MA

4.1 TITLE ☐ Change ☒ Addition

NAME ☐ DELETE

NAME D
RUPLEY, THEODORE J
STREET ADDRESS 9 WINGATE LANE
CITY - ST - ZIP ACTON MA

5.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

NAME AS
ST. HILAIRE, SHEILA B
STREET ADDRESS 39 HIGH STREET
CITY - ST - ZIP GARDNER MA

6.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

NAME AS
ST. HILAIRE, SHEILA B
STREET ADDRESS 39 HIGH STREET
CITY - ST - ZIP GARDNER MA

6.2 NAME

NAME ☐ DELETE

NAME AS
ST. HILAIRE, SHEILA B
STREET ADDRESS 39 HIGH STREET
CITY - ST - ZIP GARDNER MA

6.3 STREET ADDRESS

NAME ☐ DELETE

NAME AS
ST. HILAIRE, SHEILA B
STREET ADDRESS 39 HIGH STREET
CITY - ST - ZIP GARDNER MA

6.4 CITY - ST - ZIP

NAME ☐ DELETE

NAME AS
ST. HILAIRE, SHEILA B
STREET ADDRESS 39 HIGH STREET
CITY - ST - ZIP GARDNER MA

6.5 CITY - ST - ZIP

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6.6 CITY - ST - ZIP

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6.9 CITY - ST - ZIP

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6.10 CITY - ST - ZIP

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6.11 CITY - ST - ZIP

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6.12 CITY - ST - ZIP

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6.14 CITY - ST - ZIP

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6.17 CITY - ST - ZIP

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6.18 CITY - ST - ZIP

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6.19 CITY - ST - ZIP

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6.20 CITY - ST - ZIP

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6.21 CITY - ST - ZIP

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CITY - ST - ZIP GARDNER MA

6.22 CITY - ST - ZIP

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CITY - ST - ZIP GARDNER MA

6.23 CITY - ST - ZIP

NAME ☐ DELETE

NAME AS
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STREET ADDRESS 39 HIGH STREET
CITY - ST - ZIP GARDNER MA

6.24 CITY - ST - ZIP

NAME ☐ DELETE

NAME AS
ST. HILAIRE, SHEILA B
STREET ADDRESS 39 HIGH STREET
CITY - ST - ZIP GARDNER MA

SIGNATURE: Eleanor T. Raye, President 4/18/96 508-757-1628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)