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Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 838391

(1)

1. Corporation Name  
**AMGRO, INC.**

Principal Place of Business  
**100 N PKWY  
P. O. BOX 15089  
WORCESTER MA 01615-0089  
US**

Mailing Address  
**100 N PKWY  
P. O. BOX 15089  
WORCESTER MA 01615-0089  
US**



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

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's signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **HOWARD, DENNIS P**  
CITY-ST-ZIP **GROVE & NEWTON STS.  
BARRE MA 01005**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **CHARBONEAU, KAREN A**  
CITY-ST-ZIP **146 BRICKYARD ROAD  
NO GROSVENORDALE CT 06255**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VP**  
STREET ADDRESS **BIGWOOD, RUSSELL M**  
CITY-ST-ZIP **74 UNCATENA AVE  
WORCESTER MA 01606**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **CAHILL, JR., WILLIAM J**  
CITY-ST-ZIP **10 OLD PLANTERS ROAD  
BEVERLY MA 01915**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **AS**  
STREET ADDRESS **ST. HILAIRE, SHEILA B**  
CITY-ST-ZIP **39 HIGH STREET  
GARDNER MA 01440**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **NYBERG, STEVEN L**  
CITY-ST-ZIP **22 CHAPIN ROAD  
BARRINGTON RI 08206**

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **Director**  
6.3 STREET ADDRESS **Steven L. Nyberg**  
6.4 CITY-ST-ZIP **22 Chapin Road  
Barrington, RI 02806**

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

SIGNATURE:

*Karen A. Charbonneau*  
**Karen A. Charbonneau, Treasurer 4/17/97 508-757-1628**

CR2E034 (9/96)