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May 05, 1999 8:00 am
Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 838391

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1977

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

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

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 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

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

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

TITLE VP
NAME BIGWOOD, RUSSELL M
STREET ADDRESS 407-2 GREAT RD
CITY-ST-ZIP ACTON MA 01720

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME Director
6.3 STREET ADDRESS Nyberg, Steven L.
6.4 CITY-ST-ZIP 53 Kettle Hole Road
Bolton, MA 01740

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 607, 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:

Karen A. Charbonneau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen A. Charbonneau, Treasurer 4/27/99 (508) 757-1628

Date

Daytime Phone #

CR2E034 (11/98)