

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **854230** (0)
1. Corporation Name
A. G. C. CO.



Principal Place of Business: **200 S. ORANGE AVE., 23RD FLOOR, P. O. BOX 112, ORLANDO FL 32801-3410**
Mailing Address: **200 S. ORANGE AVE., 23RD FLOOR, P. O. BOX 112, ORLANDO FL 32801-3410**

3. Date Incorporated or Qualified: **09/30/1982** 3a. Date of Last Report: **02/22/1995**
4. FEI Number: **34-6519716** 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country
30

9. Name and Address of Current Registered Agent: **LINSCOTT, JERRY R., 200 S ORANGE AVE., 23RD FLOOR, ORLANDO FL 32801**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0402 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	P MORITZ, MICHAEL E.	1.1 TITLE	V
STREET ADDRESS	65 EAST STATE STREET	1.2 NAME	O'Shea, Rosemary
CITY- ST- ZIP	COLUMBUS OH	1.3 STREET ADDRESS	200 S. Orange Ave., Ste. 2300
	<input type="checkbox"/> DELETE	1.4 CITY- ST- ZIP	Orlando, FL 32801
TITLE	VSTD GRUETTNER, DONALD W.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3200 NATIONAL CITY CTR.	2.2 NAME	
CITY- ST- ZIP	CLEVELAND OH	2.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	2.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V LINSCOTT, JERRY R.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	200 S. ORANGE AVE. 23 FL	3.2 NAME	
CITY- ST- ZIP	ORLANDO FL	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V BALL, G. THOMAS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	200 S. ORANGE AVE. 23FL	4.2 NAME	
CITY- ST- ZIP	ORLANDO FL	4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V FULTON, RICHARD T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	200 S. ORANGE AVE. 23 FL	5.2 NAME	500001818025
CITY- ST- ZIP	ORLANDO FL	5.3 STREET ADDRESS	-05/13/96--01024--023
	<input type="checkbox"/> DELETE	5.4 CITY- ST- ZIP	***200.00
TITLE	V WRIGHT, KENNETH C	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	200 S ORANGE AVE, 23RD FL	6.2 NAME	
CITY- ST- ZIP	ORLANDO FL	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY- ST- ZIP	

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 or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or in an attachment with my address:

SIGNATURE: *Kenneth Wright*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Kenneth Wright, Vice President**
DATE: **4-29-96** PHONE: **407-649-4000**

CR2E034 (12/95)