

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32801-3432 US	Mailing Address 200 S. ORANGE AVE., 23RD FLOOR P. O. BOX 112 ORLANDO FL 32801-3432 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 09/30/1982	
4. FEI Number 34-6519716	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	P <input type="checkbox"/> DELETE
NAME	MORITZ, MICHAEL E.
STREET ADDRESS	85 EAST STATE STREET
CITY-ST-ZIP	COLUMBUS OH
TITLE	VSTD <input type="checkbox"/> DELETE
NAME	GRUETTNER, DONALD W.
STREET ADDRESS	3200 NATIONAL CITY CTR.
CITY-ST-ZIP	CLEVELAND OH
TITLE	V <input type="checkbox"/> DELETE
NAME	LINSCOTT, JERRY R.
STREET ADDRESS	200 S. ORANGE AVE. 23 FL
CITY-ST-ZIP	ORLANDO FL
TITLE	V <input type="checkbox"/> DELETE
NAME	BALL, G. THOMAS
STREET ADDRESS	200 S. ORANGE AVE. 23FL
CITY-ST-ZIP	ORLANDO FL
TITLE	V <input type="checkbox"/> DELETE
NAME	FULTON, RICHARD T
STREET ADDRESS	200 S. ORANGE AVE. 23 FL
CITY-ST-ZIP	ORLANDO FL
TITLE	V <input type="checkbox"/> DELETE
NAME	WRIGHT, KENNETH C
STREET ADDRESS	200 S ORANGE AVE, 23RD FL
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	R. Steven Kestner
1.3 STREET ADDRESS	3200 National City Center
1.4 CITY-ST-ZIP	Cleveland, OH 44114
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE _____ DATE **1/8/98** (407) 649-4000

CR2E034 (10/97)