

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90124 015 ****150.00

DOCUMENT # 854230

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1982

4. FEI Number

34-6519716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

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.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

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]*
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 ☐ DELETE

NAME KESTNER, R S
STREET ADDRESS 3200 NATIONAL CITY CENTER
CITY-ST-ZIP CLEVELAND OH 44114

TITLE VSTD ☐ DELETE

NAME GRUETTNER, DONALD W.
STREET ADDRESS 3200 NATIONAL CITY CTR.
CITY-ST-ZIP CLEVELAND OH

TITLE V ☐ DELETE

NAME LINSCOTT, JERRY R.
STREET ADDRESS 200 S. ORANGE AVE. 23 FL
CITY-ST-ZIP ORLANDO FL

TITLE V ☐ DELETE

NAME BALL, G. THOMAS
STREET ADDRESS 200 S. ORANGE AVE. 23FL
CITY-ST-ZIP ORLANDO FL

TITLE V ☐ DELETE

NAME FULTON, RICHARD T
STREET ADDRESS 200 S. ORANGE AVE. 23 FL
CITY-ST-ZIP ORLANDO FL

TITLE V ☐ 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 ☐ 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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)