

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90298 038 ***150.00

01/15/03 AV

DOCUMENT # 854230

1. Entity 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



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **34-6519716**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LINSCOTT, JERRY R.
200 S ORANGE AVE., 23RD FLOOR
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KESTNER, R S	
STREET ADDRESS	3200 NATIONAL CITY CENTER	
CITY-ST-ZIP	CLEVELAND OH 44114	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Richard T. Fulton** **1/13/03** **407 649 4000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)