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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **F93000002123 (8)**

1. Corporation Name
A C G & L, INC.

200001474402
-05/03/95--01170--024
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
775 BAYWOOD DR. ~~#810~~ 109 PETALUMA CA 94954 US	775 BAYWOOD DR., #810 109 PETALUMA CA 94954 US

3. Date Incorporated or Qualified: **04/26/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **68-0278475** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22: 109
Suite, Apt. #, etc. — 27: 109
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 / Country — 25 / Zip — 29 / Country — 30
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DICK, MEL 1600 NW 163RD STREET MIAMI FL	81 Name: Kenneth N. Lapham 82 Street Address (P.O. Box Number is Not Acceptable): 2418 Marathon Lane 83 84 City: Ft. Lauderdale FL 85 Zip Code: 33312

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CDP	11 TITLE		☒ Change ☐ Addition
NAME	ADAMS, A. MARTIN	12 NAME		
STREET ADDRESS	20415-5TH STREET EAST	13 STREET ADDRESS		
CITY ST ZIP	SONOMA CA 95476	14 CITY ST ZIP		
TITLE	VCD	21 TITLE	Delete	☒ Change ☐ Addition
NAME	CHARLES, KURT L	22 NAME		
STREET ADDRESS	148 HILLSIDE AVE.	23 STREET ADDRESS		
CITY ST ZIP	KENTFIELD CA 94904	24 CITY ST ZIP		
TITLE	VPST	31 TITLE	Delete	☒ Change ☐ Addition
NAME	CHARLES, KURT L	32 NAME		
STREET ADDRESS	148 HILLSIDE AVE.	33 STREET ADDRESS		
CITY ST ZIP	KENTFIELD CA 94904	34 CITY ST ZIP		
TITLE	VPD	41 TITLE	Delete	☒ Change ☐ Addition
NAME	GRAFF, HAROLD W	42 NAME		
STREET ADDRESS	8123 N.W. DELTA	43 STREET ADDRESS		
CITY ST ZIP	KANSAS CITY MO 64151	44 CITY ST ZIP		
TITLE	STD	51 TITLE	S/T/D	☒ Change ☐ Addition
NAME	LAPHAM, KENNETH H	52 NAME		
STREET ADDRESS	2418 MARATHON LANE	53 STREET ADDRESS		
CITY ST ZIP	FT. LAUDERDALE FL	54 CITY ST ZIP		
TITLE		61 TITLE	2nd	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP	S-1	

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)(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 added, on the attached amendment, or on an

SIGNATURE: _____ 4-18-95 707-778-8336
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
A. Martin Adams

040144 FP