## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Jim Smith FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** 1. Corporation Name 36 HAY -1 AM IO: LO AGINCOURT PLACE. INC. (8) G46108 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2710 2ND ST 52 DENNETT DR 8486 SEMINOLE BLVD ... 8486 SEMINOLE BLVD. DO NOT WRITE IN THIS SPACE INDIAN ROCKS BCH FL 34635 **AGINCOURT ON MIS 2-7** 3. Date Incorporated or Qualified 3a. Date of Last Report 1985 .04/2<del>6/199</del>3 06/24/1983 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Applied For 2a. Principal Place of Business Not Applicable 2. Mailing Address 59-2300498 DENNETT. DR 6. Election Campaign Financing Trust Fund Contribution 52 Certificate of Status Desired \$8.75 Additional Fee Required Suite, Apt. #, etc 7. Nonprofit Exempt from \$138.75 \$5.00 May Be 22 Supplemental Fee Added to Fees 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [VYes [] No 25 CANADA 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 DENNIS Name DELOACH Street Address (P.O. Box Number is Not Acceptable) DELOACH, DENNIS R. JR. 82 MEE SEMINOLE BLVD. # 8640 SEMINOLE BLOD. 8640 SEMINOLE PO BOX 3390 83 P.O. BOX 3390 SEMINOLE FL 34642 SEMINORE FL 34645 City SEMINOLE 34145 11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors/ whereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes. DATE Tha SIGNATURE CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12 100001849231 1.1 Till ( D/P 1.1 TITLE -06/04/36--01021--001 1.2 NAME RENNIE, ROSS 1.2 NAME \*\*\*\*200.00 \*\*\*\*200.00 1.3 STREET ADDRESS **52 DENNETT DRIVE** 1.3 STREET ADDRESS 1.4 Ci1Y-ST-7/P AGINCOURT, ONTARIO 80000 M15 はどう 14 City - ST-ZIP 2 1 TITLE D/S 21 TITLE 2.2 NAME RISELEY, JOHN 2.2 NAME 23 STREET ADDRESS **85 SONMORE CRESCENT** 2.3 STREET ADDRESS 24 City - ST - ZIP AGINCOURT, ONTARIO 00000 2.4 CITY - ST - ZIP 3.1 TITLE D/T 31 TITLE 3.2 NAME BETTY OGDEN 3.2 NAM5 3 3 STREET ADDRESS 29 DONALDA DR 33 STREET ADDRESS 34 CHY-ST-ZIP AGINCOURT ON MIS ING. 3.4 CITY - ST - 7IP 413HLF 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP 44 CITY - ST - ZIP 5.1 TIELE 5 1 TITLE 5.2 NAM 52 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP remitted by 5/01/96 54 CITY-ST-7P 6.1 HH.F 6.1 TITLE 6.2 NAME 62 NAMí 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - S1 - ZIP

14. If 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 release the Division of Corporations from any lability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify Division of Corporations from any lability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 eath; that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trusted that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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