FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00					FILED		
PROFIT CORPORATION		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham			May 06 1	998 8:0	0am
	JAL REPORT		Secretary of State		Secretar	v of Sta	ate
1998 DIVISION OF CORPORATI				ONS	Scoretar	y or ou	110
1, Corporation	MENT # G5974 9 AGON WORKS, INC.	9 (3)					
Principal Place of Business Mailing Address						iii mimia mikai mant mimii mimi	FIBILIPA
% DON SCAR 4017 ST. AUG JACKSONVILL	JUSTINE ROAD	% DON SCARBOROUGH 4017 ST. AUGUSTINE ROAD JACKSONVILLE FL 32207		DO NOT WRITE IN THIS SPACE			
					 Date Incorporated or Qualified 09/15/1983 		
_=:	ace of Business	2a. Mailing Address			4. FEI Number	Ар	plied For
21		26			59-2393418		t Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 A		
City & State	9	City & State			6, Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	•
23 Zip	Country Zip			<u> </u>	This corporation owes or has particular to the second contribution.		
24 25 29			30		Personal Property Tax due June	∋ 30. 🔲 Yes 🗆] No
A11	g, Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Ro	gistered Agent	
	RED, SANDRA BARTHUR MOORE DRIVE		L_				
	EEN COVE SPRINGS FL 32043		82	Street Add	dress (P.O. Box Number is Not Accepta	ble)	
			B3				
			84	City		FL 85 Zip (Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obliga	and 607.1508, Florida Statute of Florida Such change was a lions of, Section 607.0505, Flo	es, the above outhorized by orida Statute	re-named co y the corpora s.	rporation submits this statement for the ation's board of directors. I hereby acce		s registered registered
	Signature typed or printed name of tegistered ager OFFICERS AND			ent signature req	uired when rainstating)	DATE	0.111.40
12.	D OFFICERS AIN	DELETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR Change	Addition
NAME	SCARBOROUGH, DON		1.2 NAME				
STREET ADDRESS			1.3 STREE	T ADDRESS			
CITY-ST-ZIP TITLE	GREEN COVE SPRINGS FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			Channa	Addition
NAME	ALLRED, SANDRA	C DECER	2.2 NAME			L Change	AGURION
STREET ADDRESS	376 ARTHUR MOORE DR			T ADORESS			
CITY-ST-ZIP	GCS, FL 00000		2. 4 CITY-	ST-ZIP			
TITLE	DV	☐ DELETE	3.1 TITLE			Change	Addition
NAME STREET ADDRESS	ALLRED, GARRISON S. 376 ARTHUR MOORE DRIVE		3.2 NAME				
CITY-ST-ZIP	GREEN COVE SPRS. FL		3.3 STREET ADDRESS 3.4. CITY+ST-ZIP				
TITLE 1		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME PO	37 1		4. 2 NAME	1		•	
STREET ADDRESS			1	T ADDRESS			-
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		<u> </u>	1 0	Adda.
TITLE NAME		☐ DETE(C	5.1 TITLE 5.2 NAME			☐ Change	Addition
STREET ADDRESS				T ADDRESS			
***** *** ***			1				

14. I hereby certify that the information supplied with this fiting 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 changing or on an attachment with an address.

SIGNATURE:

SUBJECT:

SUBJ

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

Change Addition

DELETE

TITLE

NAME

STREET ADDRESS