FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:06

DOCUMENT # H17219 (7)

1. Corporation Name
AG PARTNERS OF FROSTPROOF, INC.

Principal Place of Business	Mailing Address
1500 CHIQUITA CENTER 250 EAST FIFTH STREET CINCINNATI OH 45202-4160	1500 CHIQUITA CENTER 250 EAST FIFTH STREET CINCINNATI OH 45202-4160

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/17/1984	3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2441016	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ZOFFAY, J. WAYNE
~~512 N SCENIC HWY.~~ Change →
FROSTPROOF FL 33843

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 310 Sunset Rd.
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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE (P)	LILLY, JOHN NICHOLAS	☒ Change ☐ Addition
NAME	ZOFFAY, J. WAYNE	12 NAME	1500 Chiquita Center	
STREET ADDRESS	512 N SCENIC WAY	13 STREET ADDRESS	250 E. 5th St	
CITY-ST-ZIP	FROSTPROOF FL 33843	14 CITY-ST-ZIP	Cincinnati OH 45202	
TITLE	VPST	21 TITLE VPST	KANGIS, HARRY J.	☒ Change ☐ Addition
NAME	LILLY, JOHN NICHOLAS	22 NAME	30 Observatory Hill	
STREET ADDRESS	7434 JAGER COURT	23 STREET ADDRESS	Cincinnati OH 45208	
CITY-ST-ZIP	CINCINNATI OH 45230	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I/We 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 on an attachment with an address.

SIGNATURE: [signature] President 2/6/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date

GERMANY
49-6174-7772
Daytime Phone #
49-6174-5551 -FAX