

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

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**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
95 FEB 16 PM 3:26

DOCUMENT # **L75502** (9)

1. Corporation Name  
**A A W - A G, INC.**

Principal Place of Business Mailing Address  
**2700 NO FLORIDA AVE HERNANDO FL 34442 US**  
**435 CANADY DR INVERNESS FL 34450 US**

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                                |  |                                                                                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 3. Date Incorporated or Qualified<br><b>05/22/1990</b>                                                                                                         |  | 3a. Date of Last Report<br><b>02/17/1994</b>                                                                                                          |  |
| 2. Principal Place of Business<br>21. Suite, Apt. #, etc.<br>22. City & State<br>23. Zip Country                                                               |  | 2a. Mailing Address<br>26. <b>4700 Hr. Fla. Ave</b><br>27. Suite, Apt. #, etc.<br>28. <b>Hernando, Fla.</b><br>29. Zip Country<br><b>34442 Citrus</b> |  |
| 4. FEI Number<br><b>59-3020354</b>                                                                                                                             |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                |  |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   |  | \$8.75 Additional Fee Required                                                                                                                        |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                          |  | \$5.00 May Be Added to Fees                                                                                                                           |  |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                                                                                                                                       |  |

|                                                                                                                       |  |  |  |                                                        |  |              |  |
|-----------------------------------------------------------------------------------------------------------------------|--|--|--|--------------------------------------------------------|--|--------------|--|
| 9. Name and Address of Current Registered Agent<br><b>AGEN, PHILLIP L<br/>2780 N. FLA. AVE.<br/>HERNANDO FL 34442</b> |  |  |  | 10. Name and Address of New Registered Agent           |  |              |  |
| 81. Name                                                                                                              |  |  |  | 82. Street Address (P.O. Box Number is Not Acceptable) |  |              |  |
| 83.                                                                                                                   |  |  |  | 84. City                                               |  |              |  |
|                                                                                                                       |  |  |  | 85. 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 the provisions of Sections 607.0502, 607.1508, Florida Statutes.

SIGNATURE *Phillip L. Ague DP* DATE **2-14-95**

|                                          |                                    |                                                                                |  |
|------------------------------------------|------------------------------------|--------------------------------------------------------------------------------|--|
| 12. OFFICERS AND DIRECTORS               |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                          |  |
| TITLE<br><b>DP</b>                       | NAME<br><b>AGEN, PHILLIP L.</b>    | 1.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS<br><b>435 CANADAY DR.</b> | CITY-ST-ZIP<br><b>INVERNESS FL</b> | 1.2 NAME                                                                       |  |
| TITLE<br><b>DTS</b>                      | NAME<br><b>AGEN, DOLORES A.</b>    | 1.3 STREET ADDRESS                                                             |  |
| STREET ADDRESS<br><b>435 CANADAY DR.</b> | CITY-ST-ZIP<br><b>INVERNESS FL</b> | 1.4 CITY-ST-ZIP                                                                |  |
| TITLE                                    | NAME                               | 2.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS                           | CITY-ST-ZIP                        | 2.2 NAME                                                                       |  |
| TITLE                                    | NAME                               | 2.3 STREET ADDRESS                                                             |  |
| STREET ADDRESS                           | CITY-ST-ZIP                        | 2.4 CITY-ST-ZIP                                                                |  |
| TITLE                                    | NAME                               | 3.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS                           | CITY-ST-ZIP                        | 3.2 NAME                                                                       |  |
| TITLE                                    | NAME                               | 3.3 STREET ADDRESS                                                             |  |
| STREET ADDRESS                           | CITY-ST-ZIP                        | 3.4 CITY-ST-ZIP                                                                |  |
| TITLE                                    | NAME                               | 4.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS                           | CITY-ST-ZIP                        | 4.2 NAME                                                                       |  |
| TITLE                                    | NAME                               | 4.3 STREET ADDRESS                                                             |  |
| STREET ADDRESS                           | CITY-ST-ZIP                        | 4.4 CITY-ST-ZIP                                                                |  |
| TITLE                                    | NAME                               | 5.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS                           | CITY-ST-ZIP                        | 5.2 NAME                                                                       |  |
| TITLE                                    | NAME                               | 5.3 STREET ADDRESS                                                             |  |
| STREET ADDRESS                           | CITY-ST-ZIP                        | 5.4 CITY-ST-ZIP                                                                |  |
| TITLE                                    | NAME                               | 6.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS                           | CITY-ST-ZIP                        | 6.2 NAME                                                                       |  |
| TITLE                                    | NAME                               | 6.3 STREET ADDRESS                                                             |  |
| STREET ADDRESS                           | CITY-ST-ZIP                        | 6.4 CITY-ST-ZIP                                                                |  |

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 110.07(3)(a), 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 on Block 12 or 13 of this report as a change or on an addition with an address.

SIGNATURE *Phillip L. Ague* DATE **2-15-95** TELEPHONE NUMBER **904 637 4141**