

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000005635 (7)

1. Corporation Name

THE ASSOCIATED GENERAL CONTRACTORS OF CENTRAL FL
ORIDA, INC.



Principal Place of Business

Mailing Address

2273 LEE ROAD
SUITE 202
WINTER PARK FL 32789

2273 LEE ROAD
SUITE 202
WINTER PARK FL 32789

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/04/1994

3a. Date of Last Report
08/10/1995

4. FEI Number

59-3278363

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

10. Name and Address of New Registered Agent

MCLEAN, ARCHIBALD W JR
2273 LEE ROAD
SUITE 202
WINTER PARK FL 32789

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Arch McLean

ARCH MCLEAN

EXEC. VICE PRESIDENT

1/24/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME BEAN, RICHARD A
STREET ADDRESS P.O. BOX 300369
CITY-ST-ZIP FERN PARK FL

TITLE D ☒ DELETE
NAME HOLMES, BRUCE E
STREET ADDRESS P.O. BOX 16007 N/A
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32716-0007

TITLE EVPD ☐ DELETE
NAME MCLEAN, ARCHIBALD W JR
STREET ADDRESS 2273 LEE ROAD, SUITE 202
CITY-ST-ZIP WINTER PARK FL

TITLE TD ☐ DELETE
NAME BOECKENSTEDT, GARY
STREET ADDRESS P.O. BOX 598024
CITY-ST-ZIP ORLANDO FL

TITLE SD ☐ DELETE
NAME STONE, JANET
STREET ADDRESS 4205 EDGEWATER DR
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P/D ☐ Change ☒ Addition
12 NAME Gary Walton
13 STREET ADDRESS 5533 Force Four Pkwy.
14 CITY-ST-ZIP Orlando, FL 32839

21 TITLE V/D ☒ Change ☐ Addition
22 NAME Gary Boeckenstedt
23 STREET ADDRESS 101 W. Landstreet Rd.
24 CITY-ST-ZIP Orlando, FL 32824

31 TITLE T/D ☒ Change ☐ Addition
32 NAME Janet Stone
33 STREET ADDRESS 4205 Edgewater Dr.
34 CITY-ST-ZIP Orlando, FL 32804

41 TITLE S/D ☐ Change ☒ Addition
42 NAME Scott Ryan
43 STREET ADDRESS 1000 Savage Ct., Suite 216
44 CITY-ST-ZIP Longwood, FL 32750

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS 3000018295.93
54 CITY-ST-ZIP -05/20/96--01051--035

61 TITLE ☐ Change ☐ Addition
62 NAME ***61.25
63 STREET ADDRESS
64 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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Arch McLean

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

(407) 647-8030

Date

Daytime Phone

CR2E037 (12/95)