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Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 327892273 LEE ROAD
SUITE 202
WINTER PARK FL 32789-72133. Date Incorporated or Qualified
11/04/19943a. Date of Last Report
05/16/1996

2. Principal Place of Business

2a. Mailing Address

21 4205 Edgewater Drive

26 4205 Edgewater Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite B

27 Suite B

City & State

City & State

23 Orlando, FL

28 Orlando, FL

Zip

Zip

Country

Country

24 32804

25 Orange

29 32804

30 Orange

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCLEAN, ARCHIBALD W JR
2273 LEE ROAD
SUITE 202
WINTER PARK FL 3278981 Name
Daniel M. Hogan82 Street Address (P.O. Box Number is Not Acceptable)
4205 Edgewater Drive

83 Suite B

84 City
Orlando85 Zip Code
FL 32804

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

Daniel M. Hogan Executive Director

1/24/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME WALTON, GARY
STREET ADDRESS 5533 FORCE FOUR PKWY
CITY-ST-ZIP ORLANDO FL 328391.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME Gary Boeckenstedt
1.3 STREET ADDRESS PO Box 598024
1.4 CITY-ST-ZIP Orlando, FL 32839TITLE VD ☐ DELETE
NAME BOECKENSTEDT, GARY
STREET ADDRESS 101 W LANDSTREET RD
CITY-ST-ZIP ORLANDO FL 328242.1 TITLE V/D ☒ Change ☐ Addition
2.2 NAME Janet Stone
2.3 STREET ADDRESS 4205 Edgewater Dr., Suite A
2.4 CITY-ST-ZIP Orlando, FL 32804TITLE TD ☐ DELETE
NAME STONE, JANET
STREET ADDRESS 4205 EDGEWATER DR
CITY-ST-ZIP ORLANDO FL 328043.1 TITLE T/D ☒ Change ☐ Addition
3.2 NAME Scott Ryan
3.3 STREET ADDRESS 1000 Savage Ct., Suite 216
3.4 CITY-ST-ZIP Longwood, FL 32750TITLE SD ☐ DELETE
NAME RYAN, SCOTT
STREET ADDRESS 1000 SAVAGE CT., SUITE 216
CITY-ST-ZIP LONGWOOD FL 327504.1 TITLE S/D ☐ Change ☒ Addition
4.2 NAME Al Krieger
4.3 STREET ADDRESS 1900 Summit Tower Blve., Suite 300
4.4 CITY-ST-ZIP Orlando, FL 32810TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Daniel M. Hogan Exec. Director

1/24/97 (407) 298-2245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0012414

CR2E037 (9/96)