


FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Moriam Secretary of State DIVISION OF CORPORATIONS																																																																									
DOCUMENT # N94000005635 (7) 1. Corporation Name THE ASSOCIATED GENERAL CONTRACTORS OF CENTRAL FLORIDA, INC.																																																																											
Principal Place of Business 4205 EDGEWATER DRIVE SUITE B ORLANDO FL 32804 US		Mailing Address 4205 EDGEWATER DRIVE SUITE B ORLANDO FL 32804 US																																																																									
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9. Name and Address of Current Registered Agent HOGAN, DANIEL M. 4205 EDGEWATER DRIVE SUITE B ORLANDO FL 32804		10. Name and Address of New Registered Agent 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 <i>[Signature]</i> Daniel M. Hogan, Executive Director 1/9/98 (NOTE: Registered Agent signature required when reinstating) DATE																																																																											
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BOECKENSTEDT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 598024</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>STONE, JANET</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4205 EDGEWATER DR., SUITE A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>RYAN, SCOTT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1000 SAVAGE CT., SUITE 216</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LONGWOOD FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>RYAN, SCOTT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1000 SAVAGE CT., SUITE 216</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LONGWOOD FL 32750</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>KRIEGER, AL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1900 SUMMIT TOWER BLVD., SUITE 300</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	PD	<input checked="" type="checkbox"/> DELETE	NAME	BOECKENSTEDT		STREET ADDRESS	P.O. BOX 598024		CITY-ST-ZIP	ORLANDO FL		TITLE	VD	<input type="checkbox"/> DELETE	NAME	STONE, JANET		STREET ADDRESS	4205 EDGEWATER DR., SUITE A		CITY-ST-ZIP	ORLANDO FL		TITLE	TD	<input type="checkbox"/> DELETE	NAME	RYAN, SCOTT		STREET ADDRESS	1000 SAVAGE CT., SUITE 216		CITY-ST-ZIP	LONGWOOD FL		TITLE	SD	<input checked="" type="checkbox"/> DELETE	NAME	RYAN, SCOTT		STREET ADDRESS	1000 SAVAGE CT., SUITE 216		CITY-ST-ZIP	LONGWOOD FL 32750		TITLE	SD	<input type="checkbox"/> DELETE	NAME	KRIEGER, AL		STREET ADDRESS	1900 SUMMIT TOWER BLVD., SUITE 300		CITY-ST-ZIP	ORLANDO FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP		
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14. I 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: <i>[Signature]</i> Daniel M. Hogan, Executive Director 1/9/98 (407) 298-2245 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018289																																																																											

CR2E037 (10/97)