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Secretary of State

03-10-1999 90044 001 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005635

1. Corporation Name

**THE ASSOCIATED GENERAL CONTRACTORS OF CENTRAL FL
ORIDA, 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**


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/04/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3278363	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		Country		29	
24		30		30	

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

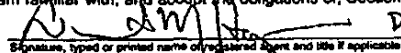
84 City

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



DANIEL M. HOGAN

1/4/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT
NAME	JANET STONE-	1.2 NAME	SCOTT RYAN, D
STREET ADDRESS	4205 EDGEWATER DR., STE. #A	1.3 STREET ADDRESS	1220 DOUGLAS AVE-Suite 107A
CITY-ST-ZIP	ORLANDO FL 32831	1.4 CITY-ST-ZIP	LONGWOOD, FLORIDA 32779
TITLE	VD	2.1 TITLE	VICE-PRESIDENT
NAME	STONE, JANET	2.2 NAME	AL KRIEGER, D
STREET ADDRESS	4205 EDGEWATER DR., SUITE A	2.3 STREET ADDRESS	5409 OLD WINTER GARDEN RD
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32831
TITLE	TD	3.1 TITLE	TREASURER
NAME	AL KRIEGER	3.2 NAME	BILL HEATHCOTT, D
STREET ADDRESS	4409 OLD WINTER GARDEN RD.	3.3 STREET ADDRESS	1285 ESTAPONA CIRCLE
CITY-ST-ZIP	ORLANDO FL 32831	3.4 CITY-ST-ZIP	FERN PARK, FLORIDA 32730
TITLE	SD	4.1 TITLE	SECRETARY
NAME	BILL HEATHCOTT	4.2 NAME	BRIAN PETERSEN, D
STREET ADDRESS	2285 ESTAPONA CIRCLE	4.3 STREET ADDRESS	111 N ORANGE AVE-SUITE 1585
CITY-ST-ZIP	FERN PARK FL 32730	4.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32801
TITLE	ED	5.1 TITLE	DANIEL M HOGAN, T
NAME	DANIEL M. HOGAN	5.2 NAME	
STREET ADDRESS	4205 EDGEWATER DR., STE. B	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:



DANIEL M. HOGAN

1/4/99

(407) 298-2245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (1/88)