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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005635

1. Corporation Name

THE ASSOCIATED GENERAL CONTRACTORS OF CENTRAL FL ORIDA, INC.

Principal Place of Business	Mailing Address
4205 EDGEWATER DRIVE SUITE B ORLANDO FL 32804 US	4205 EDGEWATER DRIVE SUITE B ORLANDO FL 32804 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 11/04/1994

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

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 [signature] DANIEL m HOGAN 1/4/99
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	1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	~~JANET STONE~~		1.2 NAME	Scott RYAN, D	
STREET ADDRESS	4205 EDGEWATER DRO., 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	☑ DELETE	2.1 TITLE	VICE-PRESIDENT.	☑ Change ☐ Addition
NAME	STONE, JANET		2.2 NAME	AL KRIEGER. D	
STREET ADDRESS	4205 EDGEWATER DR., SUITE A		2.3 STREET ADDRESS	4409 OLD WINTER GARDEN Rd	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32831	
TITLE	TD	☑ DELETE	3.1 TITLE	TREASURER	☑ Change ☐ Addition
NAME	AL KRIEGER		3.2 NAME	BILL HEATHCOTT, D	
STREET ADDRESS	4409 OLD WINTER GARDEN RD.		3.3 STREET ADDRESS	2285 ESTAPONA CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32831		3.4 CITY-ST-ZIP	FERN PARK, FLORIDA 32730	
TITLE	SD	☑ DELETE	4.1 TITLE	SECRETARY	☑ Change ☐ Addition
NAME	BILL HEATHCOLT		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	☐ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	DANIEL M. ~~HOYAN~~		5.2 NAME	DANIEL m HOGAN, T	
STREET ADDRESS	4205 EDGEWATER DR., STE. B		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED DANIEL m. Hogan 1/4/99 (407)298-2245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #