

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mothman

Secretary of State

DIVISION OF CORPORATIONS

1996-13-96

B-

1037

C

DOCUMENT # P18898

1. Corporation Name

A & F OGINZ & ASSOCIATES, INCORPORATED



Principal Place of Business

PINK DOGWOOD FARM
HADENSVILLE VA 23067

Mailing Address

PINK DOGWOOD FARM
HADENSVILLE VA 23067

2. Principal Place of Business

21 State Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 State Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

OLSEN, MARK C., ESQ.
MORGAN, OLSEN & OLSEN
315 NE THIRD AVE., SUITE 200
FT. LAUDERDALE FL 33301

3. Date Incorporated or Qualified

04/20/1988

3a. Date of Last Report

03/23/1995

4. FEI Number

59-1244076

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

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 607.0102 and 607.1508, 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 607.0105, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. PHONE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. PHONE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. PHONE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. PHONE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. PHONE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

25. PHONE

26. NAME

27. STREET ADDRESS

28. CITY - ST - ZIP

29. PHONE

30. NAME

31. STREET ADDRESS

32. CITY - ST - ZIP

33. PHONE

34. NAME

35. STREET ADDRESS

36. CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. PHONE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. PHONE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. PHONE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. PHONE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. PHONE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

25. PHONE

26. NAME

27. STREET ADDRESS

28. CITY - ST - ZIP

29. PHONE

30. NAME

31. STREET ADDRESS

32. CITY - ST - ZIP

33. PHONE

34. NAME

35. STREET ADDRESS

36. CITY - ST - ZIP

☐ Change

☐ Addition

☐ Change

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☐ Change

☐ Addition

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☐ Addition

SIGNATURE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur Oginz STD 2/7/96

407-4618737

03-034 (2/95)