FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

NAME

STREET ADDRESS

Block 12 or Block 13 if changed, or on attachment with an address.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000025218 (7)

A & G PROPERTIES OF NORTHWEST FLORIDA, INC.

508 HWY 98E 121 HART ST **DESTIN FL 32541** NICEVILLE FL 32578 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/05/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3173423 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip 8. This corporation owes or has paid the current year Intangible ☐ No Yes Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ABBOTT, STEPHEN J Name 506 HWY 98E 82 Street Address (P.O. Box Number is Not Acceptable) **DESTIN FL 32541** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607 0502 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typnd or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS Change Addition DELETE TITLE 1.1 TITLE ABBOTT, STEPHEN J NAME 1.2 NAME **506 HWY 98E** STREET ADDRESS 1.3 STREET ADDRESS DESTIN FL 32541 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE GUSTIN, JOHN C III NAME 2.2 NAME **121 HART** STREET ADDRESS 2.3 STREET ADDRESS NICEVILLE FL 32578 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change __ Addition 3.1 TITLE BARTON, JAMES L NAME 3.2 NAME **121 HART** 3.3 STREET ADDRESS STREET ADDRESS NICEVILLE FL 32578 34. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE

62 NAME

63 STREET ADDRESS 64 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 supulemental 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 607, Florida Statutes; and that my name appears in

1/27/00

FILED May 06 1998 8:00am Secretary of State

