

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000068172 (4)

1. Corporation Name

ASSOCIATED GENERAL CONTRACTORS OF FLORIDA, INC.



Principal Place of Business

322 BEARD ST  
TALLAHASSEE FL 32303

Mailing Address

PO BOX 10569  
TALLAHASSEE FL 32302-2569

3. Date Incorporated or Qualified  
09/30/1993

3a. Date of Last Report  
06/05/1995

2. Principal Place of Business

21 201 South "F" Street

2a. Mailing Address

26 201 South "F" Street

4. FEI Number

59-3210712

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 Pensacola FL

28 Pensacola FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 32501

25 Escambia

29 32501

30 Escambia

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOODALL, MARK S  
322 BEARD ST  
TALLAHASSEE FL 32303

81 Name

Michael B. Gerescher

82 Street Address (P.O. Box Number is Not Acceptable)

201 South "F" Street

83

84 City

Pensacola

FL

85 Zip Code

32501

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 607.0505, Florida Statutes.

SIGNATURE

*Michael B. Gerescher*

Michael B. Gerescher

4-10-96

Signature typed or printed name of registered agent or director (if applicable)

Signature typed or printed name of registered agent or director (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
GERESCHER, MIKE  
STREET ADDRESS  
201 SOUTH "F" ST.  
CITY - ST - ZIP  
PENSACOLA FL

TITLE ☐ DELETE

NAME  
WOODALL, JIM  
STREET ADDRESS  
7777 N DAVID RD. EXT #201  
CITY - ST - ZIP  
HOLLYWOOD FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M.B. Gerescher* M.B. GERESCHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-96 (904)438-0551

DATE

DAYTIME PHONE #

CR2E034 (12/95)