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

CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # 1. Corporation Name

P94000089712 (1)

AGENCO, INC.

Principal Place of Business Mailing Address 550 E. KEENE RD. PO BOX 160 APOPKA FL 32703 DENMARK WI 54208 HS 3. Date Incorporated or Qualified 3a. Date of Last Report 12/09/1994 04/19/1995 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 21 26 59-3290160 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 30 Florida Statutes ▼Yes □ No. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GREILING, GENE 82 Street Address (P.O. Box Number is Not Acceptable) 104 MAGNOLIA LAKE COURT LONGWOOD FL 32779 83 City 85 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition GREILING, GENE NAME 1.2 NAME STHEET ADDRESS 104 MAGNOLIA LAKE COURT 1.3 STREET ADDRESS LONGWOOD FL 32779 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1:TLF DELETE 2 1 TITLE Change Addition NAME **GREILING, ARLIS** 22 NAME 104 MAGNOLIA LAKE COURT SIREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP LONGWOOD FL 32779 2 4 CITY - ST - ZIP TITLE DELETE 3. 1 TITLE Addition

64 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 chapter or on an attachment my an address.

3.2 NAME

4.1 TITLE

4.2 NAME

5 1 TITLE

5.2 NAME

6 1 TITLE

62 NAME

DELETE

□ DELETE

DELETE

33 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

5 4 CITY-ST-ZIP

4.4 CITY - \$1 - 2IP

34 CITY - ST - ZIP

SIGNATURE:

NAME

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STREET ADDRESS

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SIGNATURE AND TYPED OFFICER OF MRECTOR

FILED

Secretary of State

Apr 22 1996 8:00 am

Change

☐ Change

Change

Addition

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CR2E034