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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P94000091015

1. Corporation Name

AGW, INC.

May 05, 1999 8:00 am Secretary of State

05-05-1999 90191 007 ***150.00



Principal Place	e of Business	Mailing Address					
5150 S. FLORID	DA AVE	P.O. BOX 6238					
LAKELAND FL 33813 LAKELAND FL 33807-6238					DO NOT MIDITE IN TH	IC CDACE	
					DO NOT WRITE IN TH	- SPACE	
					3. Date Incorporated or Qualifed 12/16/1994		
2. Principal Place of Business 2a. Mailing Ad			Address		4. FEI Number	Арі	plied For
21		26 P O BOX 528		59-3283091	No	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
		27		5. Certificate of otatus bosiles	Fee Re	quired	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28 HOMOSASSA	_FL_		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current year		_
24	25	29 34487	30 US	<u> </u>	Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	nt Registered Agent	T		10. Name and Address of New Registers	d Agent	
			8	1 Name			ļ
CHRITTON, CHARLES P			-	2 Street A	fdress (P.O. Box Number is Not Acceptable)		
	o south florida ave.		`	Z Suber A	diess (i .o. box Hallion to Hot, book asia)	-	
LAKELAND FL 33813			1	3		•	
				<u> </u>			
				4 City	F		
office or re	registered agent or both in the State	of Florida, Such change was a	ufbonzed t	v the corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its pointment as re	registered gistered
agent. i ar	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statut	S.			ŀ
SIGNATURE							1
		1000	. D		DATE		
	Signature, typed or printed name of registered age			ent signature req	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	OFFICERS AN	ND DIRECTORS	13.		uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	OFFICERS AN		13. 1.1 TITL	T			
12. TITLE ·	OFFICERS AND PSTD WENDEL, ALBERT G	ND DIRECTORS	13. 1.1 TITLI 1.2 NAM				
12.	OFFICERS AN PSTD WENDEL, ALBERT G 6782 S. PINEBRANCH PT.	ND DIRECTORS	13. 1.1 TITLI 1.2 NAM 13 STR	ET ADORESS			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PSTD WENDEL, ALBERT G	ND DIRECTORS	13. 1.1 TITU 1.2 NAM 13 STR 1.4 CITY	ET ADORESS ST-ZIP		☐ Change	Addition
12. TITLE NAME STREET ADDRESS	OFFICERS AN PSTD WENDEL, ALBERT G 6782 S. PINEBRANCH PT.	ND DIRECTORS	13. 1.1 TITLI 1.2 NAM 13 STR	ET ADORESS ST-ZIP			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PSTD WENDEL, ALBERT G 6782 S. PINEBRANCH PT.	ND DIRECTORS	13. 1.1 TITU 1.2 NAM 13 STR 1.4 CITY	ET ADORESS ST-ZIP		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN PSTD WENDEL, ALBERT G 6782 S. PINEBRANCH PT.	ND DIRECTORS	13. 1.1 TITU 1.2 NAM 13 STRI 1.4 CITY 2.1 TITU 2.2 NAM	ET ADORESS ST-ZIP		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN PSTD WENDEL, ALBERT G 6782 S. PINEBRANCH PT.	D DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 13 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITY	ET ADDRESS ST- ZIP ET ADDRESS -ST-ZIP		☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN PSTD WENDEL, ALBERT G 6782 S. PINEBRANCH PT.	ND DIRECTORS	13. 1.1 TITLI 1.2 NAM 13 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STR	ET ADDRESS ST- ZIP ET ADDRESS -ST-ZIP		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PSTD WENDEL, ALBERT G 6782 S. PINEBRANCH PT.	D DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 13 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITY	ET ADDRESS ST-ZIP		☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD WENDEL, ALBERT G 6782 S. PINEBRANCH PT. HOMOSASSA FL 34448	D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 13 STRI 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITLE 3.2 NAM	ET ADDRESS ST-ZIP		☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	PSTD WENDEL, ALBERT G 6782 S. PINEBRANCH PT. HOMOSASSA FL 34448	D DIRECTORS DELETE	13. 1.1 TITL 12 NAM 13 STR 14 CITY 2.1 TITL 22 NAM 2.3 STR 2.4 CIT 3.1 TITL 32 NAM 3.3 STR	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP		☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PSTD WENDEL, ALBERT G 6782 S. PINEBRANCH PT. HOMOSASSA FL 34448	D DIRECTORS DELETE	13. 1.1 TITL 12 NAM 13 STR 14 CITY 2.1 TITL 22 NAM 2.3 STR 2.4 CIT 3.1 TITL 32 NAM 3.3 STR	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP		☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD WENDEL, ALBERT G 6782 S. PINEBRANCH PT. HOMOSASSA FL 34448	DELETE	13. 1.1 TITL 12 NAM 13 STR 14 CITY 2.1 TITL 22 NAM 2.3 STR 2.4 CIT 3.1 TITL 32 NAM 3.3 STR 3.4 CITY	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP		☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD WENDEL, ALBERT G 6782 S. PINEBRANCH PT. HOMOSASSA FL 34448	DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP		☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTD WENDEL, ALBERT G 6782 S. PINEBRANCH PT. HOMOSASSA FL 34448	DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS		☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WENDEL, ALBERT G 6782 S. PINEBRANCH PT. HOMOSASSA FL 34448	DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP		☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD WENDEL, ALBERT G 6782 S. PINEBRANCH PT. HOMOSASSA FL 34448	DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E SET ADDRESS -ST-ZIP		Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD WENDEL, ALBERT G 6782 S. PINEBRANCH PT. HOMOSASSA FL 34448	DELETE DELETE DELETE	13. 1.1 TITL 12 NAM 13 STR 14 CITY 2.1 TITL 22 NAM 2.3 STR 2.4 CIT 3.1 TITL 32 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAW	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E SET ADDRESS -ST-ZIP		Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD WENDEL, ALBERT G 6782 S. PINEBRANCH PT. HOMOSASSA FL 34448	DELETE DELETE DELETE	13. 1.1 TITLL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLL 2.2 NAM 2.3 STR 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STR 3.4. CITY 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAW 5.3 STR	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS		Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD WENDEL, ALBERT G 6782 S. PINEBRANCH PT. HOMOSASSA FL 34448	DELETE DELETE DELETE	13. 1.1 TITL 12 NAM 13 STR 14 CITY 2.1 TITL 22 NAM 2.3 STR 2.4 CIT 3.1 TITL 32 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAW	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP		Change	Addition Addition Addition

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 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 with all other like empowered.

6.3 STREET ADORESS 64 CITY-ST-ZIP

SIGNATURE: