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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 22 AM 8:59

mp5/22

DOCUMENT # **P94000093293 (6)**

1. Corporation Name

ATG HOLDING COMPANY

Principal Place of Business
RT. 2 BOX 4310
JENNINGS FL 32053

Mailing Address
RT. 2 BOX 4310
JENNINGS FL 32053

3. Date Incorporated or Qualified: 12/23/1994
3a. Date of Last Report: 08/04/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 503-10TH STREET WEST
Suite, Apt. #, etc.
27
City & State
28 PALMETTO, FL
Zip 29 34221 Country 30 US

4. FEI Number: 59-3303760 ☐ 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

9. Name and Address of Current Registered Agent

SALTSMAN, ROBERT P
200 EAST NEW ENGLAND AVE.
SUITE 301
WINTER PARK FL 32789

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 607.0502 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 _____ (NOTE: Registered Agent signature required when name is changed) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	AUTREY, W G JR	
STREET ADDRESS	RT. 2 BOX 4310	
CITY-ST-ZIP	JENNINGS FL 32053	
TITLE	D	☐ DELETE
NAME	ESFORMES, JOSEPH	
STREET ADDRESS	503 10TH STREET WEST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	☐ DELETE
NAME	ESFORMES, NATHAN	
STREET ADDRESS	503 10TH STREET WEST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	☐ DELETE
NAME	ENGLISH, EDWIN J	
STREET ADDRESS	RT. 2 BOX 421	
CITY-ST-ZIP	IMMOKALEE FL 33934	
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	1. PRESIDENT	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME	800001842308	
2.3 STREET ADDRESS	-05/29/96--01043--003	
2.4 CITY-ST-ZIP	****208.75 ****208.75	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	1. VICE PRESIDENT	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	1. SECRETARY/TREASURER	☐ Change ☒ Addition
5.2 NAME	2. MAC CARRAWAY	
5.3 STREET ADDRESS	3. 503-10TH STREET WEST	
5.4 CITY-ST-ZIP	4. PALMETTO, FL 34221	
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: Mac Carraway (MAC CARRAWAY) 1/22/96 941-722-3291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)