

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

12/22

35 MAY 22 AM 8:59

DOCUMENT # P94000093295 (1)

1. Corporation Name

ATG MANAGEMENT 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
08/03/1995

4. FEI Number

59-3284334

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

2. Principal Place of Business

2a. Mailing Address

503-10TH STREET WEST

Suite, Apt. #, etc

City & State

PALMETTO, FL

Zip

34221

Country

US

21

22

23

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature of person named in Block 9, if applicable

Signature of Registered Agent, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME AUTREY, W G JR
STREET ADDRESS RT. 2 BOX 4310
CITY-ST-ZIP JENNINGS FL 32053

TITLE D
NAME ESFORMES, JOSEPH
STREET ADDRESS 503 10TH STREET WEST
CITY-ST-ZIP PALMETTO FL 34221

TITLE D
NAME ESFORMES, NATHAN
STREET ADDRESS 503 10TH STREET WEST
CITY-ST-ZIP PALMETTO FL 34221

TITLE D
NAME ENGLISH, EDWIN J
STREET ADDRESS RT. 2 BOX 421
CITY-ST-ZIP IMMOKALEE FL 33934

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. PRESIDENT ☒ Change ☐ Addition

500001842305
-05/29/95--01043--002
****208.75 ****208.75

1. VICE PRESIDENT ☒ Change ☐ Addition

1. SECRETARY/TREASURER ☐ Change ☒ Addition

2. MAC CARRAWAY
503-10TH STREET WEST
PALMETTO, FL 34221

6.1 TITLE
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

941-722-3291

Date

Daytime Phone #

CR2E034 (12/95)