

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

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000093295 (1)**

1. Corporation Name
ATG MANAGEMENT COMPANY

Principal Place of Business
**503 - 10TH STREET WEST
PALMETTO FL 34221**

Mailing Address
**503 - 10TH STREET WEST
PALMETTO FL 34221-3801**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1994	3a. Date of Last Report 05/22/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3284334	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
		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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUTREY, W G JR	1.2 NAME	
STREET ADDRESS	RT. 2 BOX 4310	1.3 STREET ADDRESS	
CITY - ST - ZIP	JENNINGS FL 32053	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESFORMES, JOSEPH	2.2 NAME	PRESIDENT
STREET ADDRESS	503 10TH STREET WEST	2.3 STREET ADDRESS	DELETED
CITY - ST - ZIP	PALMETTO FL 34221	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESFORMES, NATHAN	3.2 NAME	
STREET ADDRESS	503 10TH STREET WEST	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALMETTO FL 34221	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLISH, EDWIN J	4.2 NAME	VICE PRESIDENT
STREET ADDRESS	RT. 2 BOX 421	4.3 STREET ADDRESS	DELETED
CITY - ST - ZIP	IMMOKALEE FL 33934	4.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRAWAY, MAC	5.2 NAME	
STREET ADDRESS	503 - 10TH STREET WEST	5.3 STREET ADDRESS	
CITY - ST - ZIP	PALMETTO FL 34221	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/97 94-722-3291

CR2E034 (9/96)