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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000019314 (0)

A-GG & SONS'S INC.

Principal Place of Business	Mailing Address
TULIP LANE BIG PINE KEY FL 33043	P.O. BOX 475 BIG PINE KEY FL 33043

FILED May 06 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 03/08/1995 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For 65-0562651 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GRAY, GARRY L 29196 TULIP LN. 82 Street Address (P.O. Box Number is Not Acceptable) BIG PINE KEY FL 33043 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. Signature, typod or printed name of registered agent and time it applicable (NOT) Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change ☐ Addition TITLE 1.1 TITLE GATCY Gray **GRAY, GARRY L** NAME 1.2 NAME 29196 Tulip 6" **TUUP LANE** STREET ADDRESS 1.3 STREET ADDRESS BIG PINE KEY FL 33043 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Addition **CALVIN POWELL** NAME 2.2 NAME 54 RANGER AVE. STREET ADDRESS 2.3 STREET ADDRESS **BIG PINE KEY FL** CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE **CLEVE SANDIS** NAME 3.2 NAME 610 WILDER RD. STREET ADDRESS 3.3 STREET ADDRESS **BIG** PINE KEY FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 THEE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 7IP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-2IP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing cloes 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 oats; that I am an officer or director of the corporation or the receiver or true empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if thanged, or on an attachment with an address.