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

DOCUMENT # **P95000070609 (9)**

1. Corporation Name

AGWIRE, INC.

Principal Place of Business	Mailing Address
230 CENTRAL AVE. CRESCENT CITY FL 32112	230 CENTRAL AVE. CRESCENT CITY FL 32112

3. Date Incorporated or Qualified: **09/13/1995** | 3a. Date of Last Report:

2. Principal Place of Business
21 117 Trailwind Dr.
22 Suite, Apt. #, etc.
23 City & State: Lake Como, Florida
24 Zip: 32157 25 Country: Putnam

2a. Mailing Address
26 P.O. Box 45
27 Suite, Apt. #, etc.
28 City & State: Lake Como, Florida
29 Zip: 32157 30 Country: Putnam

4. FEIN number: 59-3338622 ☐ 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

CONTRERAS, BARBARA
230 CENTRAL AVE.
CRESCENT CITY FL 32112

10. Name and Address of New Registered Agent

81 Name: Duane A. Dodge
82 Street Address (P.O. Box Number is Not Acceptable): 212 Pine Avenue
83
84 City: Pomona Park **FL** 85 Zip Code: 32181

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: Duane A. Dodge — DATE: 3/21/96

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TANGUAY, JAMES J 117 TAILWIND DRIVE LAKE COMO FL 32157	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	See/Treasurer Duane A. Dodge 212 Pine Avenue Pomona Park, Fl.32181	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: James Tanguay Pres. — 03-15-96

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