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Apr 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000087661 (1)

1. Corporation Name  
A.G.S. ENTERPRISES, INC.

Principal Place of Business  
2186 S.E. STARGRASS STREET  
PORT ST. LUCIE FL 34984

Mailing Address  
2186 S.E. STARGRASS STREET  
PORT ST. LUCIE FL 34984-4728



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
11/15/1995

3a. Date of Last Report  
02/23/1996

4. FEI Number

65-0626122

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

SMITH, ALLIE G  
2186 S.E. STARGRASS STREET  
PORT ST. LUCIE FL 34984

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

Sign name, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SMITH, ALLIE G  
STREET ADDRESS 2186 S.E. STARGRASS STREET  
CITY-STATE-ZIP PORT ST. LUCIE FL 34984

TITLE STD ☐ DELETE

NAME SMITH, GLADYS M  
STREET ADDRESS 2186 S.E. STARGRASS STREET  
CITY-STATE-ZIP PORT ST. LUCIE FL 34984

TITLE D ☐ DELETE

NAME CLARK, KIMBERLY A  
STREET ADDRESS 303 S.E. FAITH TERRACE  
CITY-STATE-ZIP PORT ST. LUCIE FL 34983

TITLE D ☐ DELETE

NAME CLARK, SEAN L  
STREET ADDRESS 303 S.E. FAITH TERRACE  
CITY-STATE-ZIP PORT ST. LUCIE FL 34983

TITLE D ☐ DELETE

NAME SMITH, JEFFREY A  
STREET ADDRESS 4760 MURCOTT AVENUE  
CITY-STATE-ZIP MERRITT ISLAND FL 32953

TITLE D ☐ DELETE

NAME SMITH, THERESA  
STREET ADDRESS 4760 MURCOTT AVENUE  
CITY-STATE-ZIP MERRITT ISLAND FL 32953

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

Allie G. Smith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-97 1-561-878-7983  
Date Daytime Phone #

CR2E034 (9/96)