## FILE NOW: FILING FEE AFTER MAY 1 IS \$5

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTME Sandra B. Mc

Secretary of

F STATE

DIVISION OF CORP ATIONS

## DOCUMENT # P95000089185 (9)

AGUSTA, INCORPORATED

	·
Principal Place of Business	Mailing Address
349 SEVERIN PORT CHARLOTTE FL 33952	349 SEVERIN PORT CHARLOTTE FL 33952-9739

## **FILED** Feb 17 1997 8:00am Secretary of State

3a. Date of Last Report

04/26/1996



3. Date Incorporated or Qualified

11/20/1995

							1 11001 1000	1 7 77 -				
	Principal P	lace of Business	2a, Mailing Address				4, FEI Number		h	plied For t Applicable		
21	Suite, Apt	# 6*0	26 Suite, Apt. #, etc.			·	39-000282		\$8.75 A			
22	oute, ripi		27			·	5. Certificate of Status Desired		Fee Re			
	City & State	е	City & State				6. Election Campaign Financing	,,,,,	\$5.00			
23			[28]			<del>}</del>	Trust Fund Contribution		Added t			
24	Zip	Country 25	Z <sub>I</sub> p <b>29</b>	30	untry		1 10 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Yes [	∐ No	199.032,		
<b>-</b>		9. Name and Address of Currer	it Registered Agent				10. Name and Address of New Reg	lstered /	Agent			
NORTON, ROBERT J					81	Name						
126 E. OLYMPIA AVE., STE. 408 PUNTA GORDA FL 33950					82 Street Address (P.O. Box Number is Not Acceptable)							
					83							
						City		FL	85 Zip (	Code		
11	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											
	11. Pursuant to the provisions of Sections but/1502 and 507.1508, Frontal statutes, the above-named 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.											
SIC	SIGNATURE Signature, typed or profed hance of registered agent and tec if applicable [NOTE: Registered Agent signature required when reinstating) DATE											
12		OFFICERS AN		13		· <del> </del>	ADDITIONS/CHANGES TO OFFIC	ERS AND	O DIRECTOR	RS IN 12		
TITL	E	DP	DELETE	1.11	TITLE				Change	Addition		
NAN	4E	COLLADO, AGUSTIN P	1	1.2	NAME					-		
SIR	EET ADORESS	349 SEVERIN		1.3 3	STREET	ADDRESS				į		
CiTY	(-ST-ZIP	PORT CHARLOTTE FL 33952		1.4 (	CITY-ST	- ZIP				·		
7111	F	ST	DELETE	2.1	TITLE				Change	Addition		
NAM	16	COLLADO, HOLLY C		221	NAME	ļ				İ		
STR	EET ADDRESS	349 SEVERIN 23			STAEET	ADDRESS	No.	4.5		1		
CHY	(-ST-ZIP	PORT CHARLOTTE FL 33952			CITY-S	T-ZIP						
TITL	F		DELETE	3.1	TITLE				Change	Addition		
NAV	18			3.21	NAME		•	- 4				
STR	EET ADDRESS			3.3 5	STREET	ADDRESS	•	-				
ÇITY	r-ST-7IP			3.4.	CITY-S	T-ZIP						
TITL	E.		☐ DELETE	4.1	TETLE	'			Change	Addition		
NAN	16	1		4. 2	NAME							
STRI	EET ADORESS			4.3 9	STREET /	ADORESS						
CITY	7+\$1-ZIP			4.4 1	CITY-ST	I+ZIP						
TITE	ŧ .		[_] DELETE	5.1	TITLE	- 1			Change	☐ Addition		
NAN	/£			5.21	NAME							
STR	EET ADDRESS			533	STREET	ADDRESS						
CITY	/-\$1-7P				CITY-ST	r ZIP						
TITL	E		DELETE	61	TITLE				Change	Addition		
NAN	1E			62	NAME	)				1		
SIR	EET ADDRESS			63	STREET	address						
	(-ST-ZIP				CITY-SI							
		by certify that the information supplied	d with this filing does not quali	fy for the	e exer	motion states	d in Section 119.07(3)(i). Florida Statute	s. I furthe	r certify that	the		

The many control was the information supplied with this disease in the quality for the exemption stated in section 118.00 (5), Florida Statutes. Further exemption 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 eath; 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 on an attachment with an address.

SIGNATURE:

9416256806