

4-30-98 B- 5962-C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000023470 (3)**

1. Corporation Name  
**AMBAG CORPORATION**

Principal Place of Business

**178 ALT. HWY. 19 SOUTH  
PALM HARBOR FL 34683  
US**

Mailing Address

**178 ALT. HWY. 19 SOUTH  
PALM HARBOR FL 34683  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
3. Date Incorporated or Qualified <b>03/22/1996</b>		4. FEI Number <b>59-3385796</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Additional Fee Required <b>\$8.75</b>		Additional Fee Required <b>\$5.00</b>	

9. Name and Address of Current Registered Agent

**HOOVER, ROGER A  
178 ALT. HWY. 19 SOUTH  
PALM HARBOR FL 34683**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>DIRECTOR</b>
NAME	<b>HOOVER, ROGER A</b>	1.2 NAME	<b>FRANK E. HOOVER</b>
STREET ADDRESS	<b>178 ALT. HWY. 19 SOUTH</b>	1.3 STREET ADDRESS	<b>2523 Choctaw Trace</b>
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	1.4 CITY-ST-ZIP	<b>Murfreesboro, TN 37129</b>
TITLE	<b>D</b>	2.1 TITLE	<b>Director</b>
NAME	<b>HOOVER, GREGORY A</b>	2.2 NAME	<b>Jean C. Hoover</b>
STREET ADDRESS	<b>178 ALT. HWY. 19 SOUTH</b>	2.3 STREET ADDRESS	<b>2523 Choctaw Trace</b>
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	2.4 CITY-ST-ZIP	<b>Murfreesboro, TN 37129</b>
TITLE	<b>D</b>	3.1 TITLE	
NAME	<b>ROWE, DAVID</b>	3.2 NAME	
STREET ADDRESS	<b>11904 APALOOSA RUN E</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RALEIGH NC 27613</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	
NAME	<b>ROWE, E. RILEY</b>	4.2 NAME	
STREET ADDRESS	<b>519 WHITE OAK CIRCLE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HARTSVILLE SC 29550</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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]*

4/22/98

812-771-7400

CR2E034 (10/97)