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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT -4 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000046313

1. Corporate Name
America Group One, Inc.

Principal Place of Business
3673 Prospect Ave
Naples, Florida

Mailing Address
P.O. Box 1465
Naples, FL. 34106

REINSTATEMENT 99 (R)

2. Principal Place of Business
21 3673 Prospect Ave.
Suite, Apt. #, etc.
22
City & State
23 Naples, Florida
Zip
24 Country 25 USA

2a. Mailing Address
26 P.O. Box 1465
Suite, Apt. #, etc.
27
City & State
28 Naples, Florida
Zip 29 34106 Country 30 USA

3. Date Incorporated or Qualified
05/24/96

4. FEI Number
65-0422713
☐ Applied For
☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Herminio Ortega
3235 La Costa Circle
Naples, FL. 34108

10. Name and Address of New Registered Agent

81 Name Connie Campbell
82 Street Address (P.O. Box Number is Not Acceptable) 3340 23rd Ave. S.W.
83 Naples, FL
84 City FL 85 Zip Code 34117

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 Connie Campbell - Vice President, Connie Campbell 9/30/99
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	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HERMINIO ORTEGA	1.2 NAME	
STREET ADDRESS	3340 23rd Ave S.W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL. 34117	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME		2.2 NAME	CONNIE CAMPBELL
STREET ADDRESS		2.3 STREET ADDRESS	3340 23rd Ave. S.W.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Naples, FL 34117
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	300000301282 3--2
STREET ADDRESS		3.3 STREET ADDRESS	10/12/99--01055--015
CITY-ST-ZIP		3.4 CITY-ST-ZIP	******8.75 ******8.75
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	300000301282 3--2
STREET ADDRESS		4.3 STREET ADDRESS	10/12/99--01055--016
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****750.00 ****750.00
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Connie Campbell, Connie Campbell-V.P. 9/30/99 (941)263-4406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #