

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000012908 (4)

1. Corporation Name  
AG COLLINS REALTY GROUP, INC.

Principal Place of Business  
555 WEST GRANADA BLVD., SUITE F-3  
ORMOND BEACH FL 32174

Mailing Address  
555 WEST GRANADA BLVD., SUITE F-3  
ORMOND BEACH FL 32174

FILED  
Aug 24 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/07/1997

2. Principal Place of Business  
21 43 W. GRANADA BL.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 43 W. GRANADA BL.  
Suite, Apt. #, etc.

4. FEI Number  
59-3430907  
Applied For  
Not Applicable

22 City & State  
23 ORMOND BCH, FL.

27 City & State  
28 ORMOND BCH, FL.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 Zip 32174 25 Country  
29 Zip 32174 30 Country

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MOLLOY, G. PETER ESQUIRE  
444 SEABREEZE BLVD., SUITE 900  
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name ALBERT COLLINS  
82 Street Address (P.O. Box Number is Not Acceptable)  
43 W. GRANADA BLVD.  
83  
84 City ORMOND BCH FL 85 Zip Code 32174

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 ALBERT COLLINS

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

(NOTE: Registered Agent signature required when reinstating)

DATE 7/10/98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	ALBERT COLLINS P/S/T	43 W. GRANADA BLVD.	ORMOND BCH, FL. 32174	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 executor 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 REQUIRED

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\*\*\*150.00  
AC 824  
(90x) 6/50/00

CR2E034 (5/98)