## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000018181 May 01, 2000 8:00 am Secretary of State 1. Entity Name AGF DEVELOPERS, INC. 05-01-2000 90403 044 \*\*\*150.00 Principal Place of Business Mailing Address 105 AUBURN ROAD 105 AUBURN ROAD FORT WALTON BEACH FL 32547 FORT WALTON BEACH FL 32547-2247 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 59-3560015 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WHITWORTH, LEO A JR. Street Address (P.O. Box Number is Not Acceptable) 105 AUBURN ROAD FORT WALTON BEACH FL 32547 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Change TITLE TITLE ☐ Delete GARRETT, BRITT E NAME NAME STREET ADDRESS STREET ADDRESS 11 RACETRACK ROAD CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH FL 32547 ☐ Addition Change ☐ Delete TITLE TITLE WHITWORTH, LEO A JR. NAME NAME STREET ADDRESS 105 AUBURN ROAD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH FL 32547 Change ☐ Addition ☐ Delete TITLE TITLE BRUNER, MAX JR. NAME NAME STREET ADDRESS 901 SANTA ROSA BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH FL 32548 ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS j CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2000

(850)862-6861

Daytime Phone #