

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

FILED

Sep 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 211808

(1)

1. Corporation Name
PGI INCORPORATED



Principal Place of Business
8120 S. SUNCOAST BLVD.
HOMOSASSA FL 34446
US

Mailing Address
515 OLIVE
SUITE 100
ST LOUIS MO 63105
US

3. Date Incorporated or Qualified 05/01/1958
3a. Date of Last Report 08/12/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

212 South Central

27

Suite, Apt. #, etc.

28

St Louis MO

29

Zip

30

63105

Country

4. FEI Number

59-0867335

Applied For

Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MOORE, JAMES E
1625 W. MARION AVE. SUITE 2
PUNTA GORDA FL 33950

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

TITLE CSD ☐ DELETE

NAME LOVE, ANDREW S.
STREET ADDRESS 212 SOUTH CENTRAL SUITE 100
CITY-ST-ZIP ST LOUIS MO

TITLE PD ☐ DELETE

NAME SCHIFFER, LAURENCE A.
STREET ADDRESS 212 SOUTH CENTRAL SUITE 100
CITY-ST-ZIP ST LOUIS MO

TITLE VP ☒ DELETE

NAME SCHIFFER, RODNEY M.
STREET ADDRESS 212 SOUTH CENTRAL SUITE 100
CITY-ST-ZIP ST LOUIS MO

TITLE AST ☐ DELETE

NAME CLEMENT, GLORIA D
STREET ADDRESS 212 SOUTH CENTRAL SUITE 100
CITY-ST-ZIP ST LOUIS MO

TITLE AT ☐ DELETE

NAME KOVARLK, ANNETTE
STREET ADDRESS 212 SOUTH CENTRAL SUITE 100
CITY-ST-ZIP ST LOUIS MO

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

Gloria D. Clement

9/15/97 (314) 512-8711

CR2E034 (9/96)