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

PROFIT CORPORATION ANNÚAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 211808

(1)

PGL INCORPORATED

, (3) 1110											
Principal Place of Business				Mailing Address						CON	III 41411 1ESI
8120 S. SUNCOAST BLVD.			213	212 SOUTH CENTRAL							
HOMOSASSA FL 34446			ST	STE 100					DO NOT WRITE IN TURE	¢ D∧∩⊏	
US				ST LOUIS MO 63105 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
			US						05/01/1958		
2. Principal Place of Business				2a. Mailing Address					4. FEI Number	Α	pplied For
21				26					59-0867335	N	lot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional Required
City & State				City & State					6. Election Campaign Financing	\$5.00) May Be
23				28					Trust Fund Contribution		to Fees
Zip	Country			Zip Coul			8. This corporation owes or has p		8. This corporation owes or has paid the cu	paid the current year Intangible	
24	25		29	29		30			Personal Property Tax due June 30. 🔀 Yes 💹 No		
	9, Name	and Address of Curren	t Regist	ered Agent		Γ.			10. Name and Address of New Registered	Agent	
MO	ORE, JAM	E\$ E				81	Name				j
1625 W. MARION AVE. SUITE 2							Street	Addre	ss (P.O. Box Number is Not Acceptable)		
PUNTA GORDA FL 33950							0001	, 100,0	os (.e. ser rames is recipied to		
						83	•				
						84	City			85 Zip	Code
		76		3 4500 El 33 Divi		Ш	l		FL		
office or re	e niste red ar	cent, or both, in the State	of Florid	a. Such change was :	authorize	ed by	z the corr	corpo poratio	pration submits this statement for the purpose con's board of directors. I hereby accept the ap	ir changing pointment a	s registered
agent. I a	m tam iliar w	ith, and accept the obliga	ations of,	Section 607,0505, F1	orida Sta	tutes	3 .				
SIGNATURE	Standard type	diocipanted name of rogistered age	of and blic d	ancocable (NO	If: Bogister	nd Ane	ent signature	recoirec	d when reinstating) DATE		
12.	Signature: 1914.	OFFICERS AN			13.				ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
THTLE	CSD			DELETE	1.1 ĭ	TLE				Change	☐ Addition
NAME	LOVE, A	Indrew S.			1.2 N	AME					
STREET ADDRESS		UTH CENTRAL SUITE	100		1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	ST LOU					HTY-S					1
TITLE	PD			DELETE	2.1 T					Change	☐ Addition
NAME	8CHIFF	ER, LAURENCE A.			2.2 N	AME					
STREET ADDRESS	A4A COUTH CENTRAL CUITE 4			00 2:			2.3 STREET ADDRESS				
CITY-ST-ZIP	\$T LOU	IS MO			2 4 0	OTY-9	ST - ZIP				
TITLE	AST			DELETE	3.1 7			 	,	Change	Addition
NAME		NT, GLORIA D			3.2 N	AME				_	
STREET ADDRESS		UTH CENTRAL SUITE	100				ADDRESS				
CITY-ST-ZIP	ST LOU	IS MO					ST-ZIP				
TITLE	AT			DELETE	417		- · ·			Change	☐ Addition
NAME		.K, annette			4.21	NAME					
STREET ADDRESS	212 80	UTH CENTRAL SUITE	100				ADDRESS				
CITY-ST-ZIP	\$T LOU	IS MO			4.4 0	TY-S	17-71P				
TITLE				DELETE	511					☐ Change	☐ Addition
NAME					52 N	AME					1
STREET ADDRESS					5.3 S	TAEET	ADDRESS				
CITY-ST-ZIP					540	ITY-S	ST-ZIP				
TITLE				DELETE	611					Change	☐ Addition
NAME					62 N	IAME					
STREET ADDRESS					638	TAEET	ADDRESS				
CITY-ST-7ID					64.0	YTV. S	1. 7IP	1			

14. Thereby 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 or an attachment with an address.

FILED

May 19 1998 8:00am

Secretary of State