

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

1997 JUN 20 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F94000004682 (0)

1. Corporation Name

PROPERTY ADVISORY GROUP, INC.

Principal Place of Business

4 CATHEDRAL SQUARE
SUITE 10
PROVIDENCE RI 02803
US

Mailing Address

4 CATHEDRAL SQUARE
SUITE 10
PROVIDENCE RI 02803-3608
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/09/1994

3a. Date of Last Report

02/26/1996

4. FEI Number

05-0375781

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

COLE, JONATHAN
250 ROYAL PALM WAY
SUITE 300
PALM BEACH FL 33480

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 fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BENTZ, JOHN B
STREET ADDRESS 48 ARABIAN DR
CITY-ST-ZIP COVENTRY RI

TITLE VD ☐ DELETE

NAME GAUDREAU, ROBERT R
STREET ADDRESS 22 BRIARBROOKE LN.
CITY-ST-ZIP CRANSTON RI 02821

TITLE SD ☐ DELETE

NAME HUDSON, GRETCHEN M
STREET ADDRESS 7 CONGDON ST.
CITY-ST-ZIP COVENTRY RI 02816

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1 Fair Oaks Ct. So.
1.4 CITY-ST-ZIP Greenville, RI 02828

2.1 TITLE V ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 500002220815--6

3.1 TITLE T ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE S ☐ Change ☒ Addition

4.2 NAME William L. Gaudreau
4.3 STREET ADDRESS 4 Chase Lane
4.4 CITY-ST-ZIP Lincoln, RI 02865

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 William L. Gaudreau, Secretary of State, 6-18-97, 401-453-

CR2E034 (9/96)