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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

G79836

(4)

1. Corporation Name PAGF, INC.

PAC	GE, INC.												
Principal Pl	lace of Business	alling Address					181 (4 /88 011		fieil Diğil				
631 CLEVELAND ST. CLEARWATER FL 34615				631 CLEVELAND ST. CLEARWATER FL 34615									
								3. Date Incorporated or 01/23/1984	Qualified	3a. Date of Last Report 04/27/1995			
2. Principal Place of Business				2a. Mailing Address 6			4. FEI Number 59-2366119		Applied For Not Applicable				
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status D	esired			.75 Additional ee Required		
23	<u>-1</u>			City & State			Election Campaign Fit Trust Fund Contribution	_			5.00 May Be		
Ζφ 24	Country 25			Zip Country 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes \(\subseteq \text{No} \)						
	g, Name	and Address of Cu	rrent Regis	lered Agent				10. Name and Address	of New F	legistered	i Agent		
HAMILTON, GEORGE R 631 CLEVELAND ST. CLEARWATER FL 34615						81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83							
					84	1	City		···	FI	85	Zip Code	
11. Pursua or regis familiar	ant to the provision stered agent, or r with, and accep	ons of Sections 607.0 both, in the State of I at the obligations of, S	0502 and 601 Florida. Such Section 607.0	7.1508, Florida Statutes, change was authorized 0505, Florida Statutes.	, the above by the cor	nar pora	med corpor ation's boa	ration submits this statement rd of directors. I hereby accep	for the pur of the app	rpose of cl ointment a	nanging i is registe	ts registered office red agent. I am	
SIGNATUR	e.	r printed name of registered						d when reinstating)		DATE			
12.	OFFICERS AND DIRECTORS				13.		g or a c response		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD	PD DELETE			1. 1 TITLE		T				Chan		
NAME HAMILTON, GEORGE R													

STREET ADDRESS 2246 BEACON POINT BLVD 1.3 STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2 1 THILE Change Addition HAMILTON, PATRICIA J NAME 22 NAME STREET ADDRESS 2246 BEACON POINT BLVD. 23 STREET ADDRESS PALM HARBOR FL CITY-\$1-2IP 24 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition NAME. 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-S1-ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4. 1 THTLE ☐ Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-2IP □ DELETE 5. 1 TITLE ☐ Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if phanged, or on an attachment with an address.

SIGNATURE:

SHATCHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 813-461-1402

CR2E034 (12/95)