

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 2-19-96

B-1239-C

DOCUMENT # K10443 (5)

1. Corporation Name

PG MANAGEMENT CO.



Principal Place of Business

Mailing Address

~~8301 CYPRESS PLAZA DR.~~
~~SUITE 124~~
JACKSONVILLE FL 32256-4426
US

~~8301 CYPRESS PLAZA DR.~~
~~SUITE 124~~
JACKSONVILLE FL 32256-4426
US

3. Date Incorporated or Qualified
01/04/1988

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 11330-1 St. Johns
Industrial Parkway

26 11330-1 St. Johns
Industrial Parkway

4. FEI Number
59-2864199

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 Jacksonville, FL

28 Jacksonville, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 32246

25

29 32246

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELSILA, NEIL E.
~~8301 CYPRESS PLAZA DR.~~
~~SUITE 124~~
JACKSONVILLE FL 32256

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11330-1 St. Johns Industrial Parkway

83

84 City

Jacksonville

FL

85 Zip Code
32246

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 required to print name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
ELSLA, NEIL E.
STREET ADDRESS
8301 CYPRESS PLAZA DR., STE. 124
CITY-ST-ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
HULSEY, JOHN
STREET ADDRESS
8301 CYPRESS PLAZA DR., STE. 124
CITY-ST-ZIP
JACKSONVILLE FL

TITLE ☒ DELETE

NAME
HARCOURT, KATHY S
STREET ADDRESS
8647 BAYPINE ROAD #101
CITY-ST-ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

11330-1 St. Johns Industrial Parkway
Jacksonville, FL 32246

☒ Change ☐ Addition

11330-1 St. Johns Industrial Parkway
Jacksonville, FL 32246

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96

904-565-1901

Date

Daytime Phone #

CR2E034 (12/95)