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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # L82789

Corporation Name

P.A.G. DESIGN, INC.

Principal Place of Busines	s
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Mailing Address

## FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90079 019 \*\*\*150.00



162 AMBERGATE COURT DEBARY FL 32713		162 AMBERGATE COURT DEBARY FL 32713				DO NOT WRITE IN THIS SPACE				
							Date Incorporated or Qualifed 06/25/1990 ,			
2. Principal F	Place of Business	2a, Mailing A	2a. Mailing Address				FEI Number	Appl	lied For	
2. 1 mopal / 1200 St 220moss		26	26				59-3020399			
Suite, Apt	. #; etc.		Suite, Apt. #, etc.			5.	Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			City & State			6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Zip	Zip Co			8.	This corporation owes the current year li Personal Property Tax.		□No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
GBI	NG, PAUL A.			81	Name					
162 AMBERGATE COURT DEBARY FL 32713			82	82 Street Address (P.O. Box Number is Not Acceptable)						
				83						
				84	City		F	85 Zip Co	ode	

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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition DELETE 1.1 TITLE TITLE GRING, PAUL A. 1.2 NAME NAME **162 AMBERGATE COURT** STREET ADDRESS 1.3 STREET ADDRESS DEBARY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 2.1 TITLE GRING, MARY G. 2.2 NAME NAME 162 AMBERGATE COURT 2.3 STREET ADDRESS STREET ADDRESS DEBARY FL CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE GRING, MARY G. 3.2 NAME NAME 162 AMBERGATE COURT 3.3 STREET ADDRESS STREET ADDRESS DEBARY FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition \_\_ DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: May SIGNATURE PROVIDED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>03-25-99</u>

407 - 66 f - 7420

--- CR2F034 (11/98)