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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS

SIGNATURE:

C:TY - ST - 2tP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000031619 (5)

P & G DEVELOPMENT & DESIGN, INC.

Principal Place of Business Mailing Address 5201 SPRINGSIDE COURT 5201 SPRINGSIDE COURT ORLANDO FL 32819 ORLANDO FL 32819-3418 3. Date Incorporated or Qualified 3a. Date of Last Report 04/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59 337-7178 21 **6006** Not Applicable Suite. Apt. #. etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution П 28 Zıp Country Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 Florida Statutes Yes No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name knoll Phillip R 5201 SPRINGSIDE COURT 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32819 83 84 City 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 lin 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: typiculor printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) TITLE DELETE 1.1 TITLE ☐ Change Addition NAME KNOLL, PHILLIP R 1.2 NAME **5201 SPRINGSIDE COURT** STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32819 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change TI*LE 2.1 TITLE ___ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST - ZIP DELETE TITLE 3 1 TITLE Channe Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CPTY - ST - ZIP 3.4. CITY-ST-ZIP TIFLE ■ DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP City-St-ZiP □ D€L€TE 5 1 TITLE Change ___ Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TI"LE DELETE 6.1 TITLE Change Addition

6.2 NAME

63 STREET ADDRESS

64 CITY - ST - 7iP

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 suppliemental 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 33 if charging, or on an attactoment with an address.

FILED
Jan 21 1997 8:00am
Secretary of State