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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 07 1997 8:00am

Secretary of State

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Secretary of State
DIVISION OF CORFORATIONS

DOCUMENT # P96000076681 (1)

PG LAND COMPANY, INC.

STREET ADDRESS

CITY-ST-ZIP

Principal Place 15175 RESTER BROOKSVILLE	DRIVE	Mailing Address 15175 RESTER DRIVE BROOKSVILLE FL 34613-4316					
						3. Date incorporated or Qualified 09/16/1996	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Ad	dress			4. FEI Number	Applied For
21		26				159-3400 a 24	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & Stat	e 			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	<u> </u>	_ Country		8. This corporation has liability for	
24	25	29	30	<u> </u>			Yes No
	9. Name and Address of Currer	nt Registered Agen	t		Niero	10. Name and Address of New Re	egistered Agent
	SMAN, ALAN S ESQ.			81	Name		
	5 COURT STREET TE 102			82	Street Add	dress (P.O. Box Number is Not Acceptal	bie)
CLE	ARWATER FL			83			
				84	City		FL 85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.056, egistered agent, or both, in the State in familiar with, and accept the oblight Signature, typed or printed name of registered agents.	jations of, Section 60	07.0505, Florid	ia Statutes	3.	rporation submits this statement for the pation's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered
12.		ID DIRECTORS	(NOIE: R	13.	in signature redi	ADDITIONS/CHANGES TO OFFIC	
TITLE	D		DELETE	1,1 1014	<u></u>	7,001101107077741020100171	Change Addition
NAME	LANGWORTHY, PAUL			1.2 NAME			— , —
STREET ADDRESS	15175 RESTER DRIVE			1.3 STREET	ADORESS		
CITY-ST-ZIP	BROOKSVILLE FL 34613			1.4 CHY-S			
TITLE			DELETE	2.1 T(TLF			Change Addition
NAME				2.2 NAME			• • •
STREET ADDRESS				2.3 STREET	ADDRESS		
CITY-ST-ZIP				2. 4 CITY - 5			* 1
TITLE			DELFTE	3.1 THE			Change Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET	ADDRESS		
CITY-ST-ZIP				3.4. CITY - 5	S1 - ZIP		
TITLE			DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·		☐ Change ☐ Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP				4.4 CITY - S	1 - Z(P		
TITLE			DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY-ST-ZIP				5.4 CITY - S			
TITLE ;			DELFTE	6.1 TITLE			Change Addition
NAME .				6.2 NAME			

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 eath; that I am an officer or director of the conjugation 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 of Block 13 it chapted or on all attachment with an address.

6.3 STREET ADDRESS