

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90155 006 ***150.00

DOCUMENT # P97000023079

1. Corporation Name

PGC, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
3/13/1997

2. Principal Place of Business

21 11780 U.S. HIGHWAY ONE

Suite, Apt. #, etc.

22 400

City & State

23 NORTH PALM BEACH, FLORIDA

Zip

Country

24 33408

25 U.S.A.

2a. Mailing Address

26 11780 U.S. HIGHWAY ONE

Suite, Apt. #, etc.

27 400

City & State

28 NORTH PALM BEACH, FLORIDA

Zip

Country

29 33408

30 U.S.A.

4. FEI Number

65-0758283

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES, INC.
11780 U.S. HIGHWAY ONE, #300
NORTH PALM BEACH, FLORIDA 33408

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D/P ☒ DELETE
NAME BELLINGER, RICHARD
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ DELETE
NAME SANDERS, WAYNE
STREET ADDRESS
CITY-ST-ZIP

TITLE VP/S ☐ DELETE
NAME WINSLETT, STEPHEN S.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D/VP/S ☒ Change ☐ Addition
3.2 NAME WINSLETT, STEPHEN S.
3.3 STREET ADDRESS 11780 U.S. HIGHWAY ONE, #400
3.4 CITY-ST-ZIP NORTH PALM BEACH, FLORIDA 33408

4.1 TITLE D/T ☐ Change ☒ Addition
4.2 NAME CANADA, CATHY
4.3 STREET ADDRESS 11780 U.S. HIGHWAY ONE, #400
4.4 CITY-ST-ZIP NORTH PALM BEACH, FLORIDA 33408

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 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:

STEPHEN S. WINSLETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(561)626-3900

Daytime Phone #

CR2E034 (11/98)