

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra R. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000030337 (4)**

1. Corporation Name

PUGH CORPORATION

Principal Place of Business

Mailing Address

**216 COCOHATCHEE BLVD.
BONITA SPRINGS FL 33942**

**P.O. BOX 550
BONITA SPRINGS FL 33942**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc. 216 Cocohatchee Blvd	26	Suite, Apt. #, etc. P.O. BOX 550
22	City & State NAPLES, FL	28	City & State BONITA SPRINGS, FL
23	Zip 34110	29	Zip 34133
24	Country	30	Country

3. Date Incorporated or Qualified

04/03/1997

4. FEI Number

65-0741037

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 or has paid the current year intangible
Personal Property Tax due June 30.**

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PUGH, PHILIP B
216 COCOHATCHEE BLVD.
BONITA SPRINGS FL 33942**

10. Name and Address of New Registered Agent

**81 Name PUGH, PHILIP B.
82 Street Address (P.O. Box Number is Not Acceptable)
216 COCOHATCHEE BLVD
83
84 City NAPLES FL 85 Zip Code 34110**

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

PHILIP B. PUGH D

(NOTE: Registered Agent signature required when reinstating)

3/22/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PUGH, PHILIP B	
STREET ADDRESS	216 COCOHATCHEE BLVD.	
CITY-ST-ZIP	BONITA SPRINGS FL 33942	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PHILIP B. PUGH	
1.3 STREET ADDRESS	216 COCOHATCHEE BLVD	
1.4 CITY-ST-ZIP	NAPLES, FL 34110	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

PHILIP B. PUGH D

3/22/98

941-591-4700

CR2E034 (10/97)