## 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 # **P97000097121**1. Corporation Name

PGT&C, INC.

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90025 007 \*\*\*150.00



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Principal Place of Business Mailing Address						6 ) MOTINGE II A COREL CONTI AND IL AND IL	181 <b>98</b> 611 <b>98</b> 11 <b>0</b> 1	.#161 (200) (101		
2215 PALM VISTA DR.         2215 PALM VISTA DR.           APOPKA FL 32812         APOPKA FL 32812						DO NOT WRIT	TE IN THIS	SPACE		
						Date Incorporated or Qualifed				
	· ,					11/10/1997				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For		
21	-	26				<u>59-3503213</u>			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	7			5. Certifcate of Status Desired		\$8.75 A	Additional equired	
City & State	3 .	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28	28			Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible				
24	25	29	30			Personal Property Tax.		∐ Yes	<b>X</b> No	
•	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered	Agent		
. 501	11012 LHOLLE			B1 Na	ame				Ì	
	NICK, MICHAEL PALM VISTA DR.		82 Street A		reet Addres	ss (P.O. Box Number is Not Accepta	ible)	<del></del>		
APO	PKA FL 32812		8						•	
			}	B4 Cit	tv <sup></sup>	,-		85 Zip	Code	
		•			•		FL			
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on a familiar with, and accept the obligati	f Florida. Such change was a	uthorized	by the (	med corpor corporation	ration submits this statement for the 's board of directors. I hereby accep	purpose of t the appoir	changing its atment as re	registered egistered	
SIGNATURE							DATE			
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	gent sign:	ature required v	when reinstating) ADDITIONS/CHANGES TO OF		ID DIRECTO	ORS IN 12	
TITLE	DPST	DELETE	1.1 171	F	Τ.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition	
NAME	LESNICK, MICHAEL		1.2 NAA						}	
STREET ADDRESS	2215 PALM VISTA DR.			EET ADD	DESS					
	APOPKA FL 32812			1.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE	AFOFRA FL 32012	☐ DELETE	2.1 TITL			<del></del>		Change	☐ Addition	
NAME			2.2 NAA							
				EET ADDE	DEGG					
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CITY-ST-ZIP	<del></del>	. DELETE 3.1						Change	Addition	
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STREET ADDRESS			1		1					
CITY-ST-ZIP TITLE			3.4. CII 4.1 TITL	Y-ST-ZIP F				☐ Change	Addition	
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STREET ADDRESS										
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TITLE			5.2 NAM		Ì				_	
NAME	•			EET ADDI	RESS				}	
STREET ADDRESS				Y-ST-ZIP	i i					
CITY-ST-ZIP		☐ DELETE	6.1 TITL		<del></del>			☐ Change	Addition	
TITLE			6.2 NAM							
NAME			l "	(IL REET ADDI	DESS				}	
STREET ADDRESS										
CITY-ST-ZiP			6.4 GH	Y-ST-ZIP						

CITY-ST-ZIP 14. 1 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 prustee 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: