


FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90014 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000001037

1. Corporation Name

PGD, INC.

Principal Place of Business

600 JENNINGS AVENUE
EUSTIS FL 32726

Mailing Address

600 JENNINGS AVENUE
EUSTIS FL 32726

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 402 N. Bay St		26 402 N. Bay St		01/02/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Eustis Florida		27 Eustis Florida		59 3500 934	
City & State		City & State		Applied For	
23 32726 LAKE		28 32726 LAKE		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 25		29 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BOWEN, L E III
600 JENNINGS AVENUE
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81 Name	Dennis A. Mulholland
82 Street Address (P.O. Box Number is Not Acceptable)	402 N. Bay Street
83	L
84 City	Eustis
85 Zip Code	FL 32726

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 *Dennis Mulholland*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULHOLLAND, DENNIS A	1.2 NAME	
STREET ADDRESS	17350 EAST ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL 32784	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALTAMACCIA, PRESTON	2.2 NAME	
STREET ADDRESS	P.O. BOX 592 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	ASTOR FL 32102	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, M-EUGENE	3.2 NAME	
STREET ADDRESS	400 LAKESHORE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Dennis A. Mulholland
 DENNIS A. MULHOLLAND - President

2/4/99

589-5885

Daytime Phone

CR2E034 (1/98)