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

PROFIT CORPORATION ANNUAL REPORT-



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000079342

1. Corporation Name

P.G. FUNDING, INC.

Principal Place of Business Mailing Address					C SPRIFFMEN Light 18011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,5,5,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	
4832 78TH STREET EAST 4832 78TH STREET EAST								
BRADENTON FL 34203 BRADENTON FL 34203					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	THO OF AGE		
					09/14/1998		ļ	
Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	olied For	
					65-0866570		Applicable	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						- \$8.75 A	dditional	
22 27					5. Certifcate of Status Desired	Fee Rec	quired	
City & Stat	te	City & State		,	6. Election Campaign Financing	\$5.00	May Be	
23		28		_	Trust Fund Contribution	Added to	> Fees	
Zip	Country	Zip	Country	,	8. This corporation owes the current year		_	
24	25	29	30		Personal Property Tax.	☐ Yes 〔	□No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Register	ed Agent		
_			81	Name				
KNOWLES, TIMOTHY A 1205 MANATEE AVENUE WEST			82	82 Street Address (P.O. Box Number is Not Acceptable)				
BRA	DENTON FL 34205		83					
			84	City		85 Zip C	ode	
				,	FL			
office or r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change was a	authorized by	the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as reg	jistered	
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTI	E. Registered Age	nt signature require	ed when reinstating) DATE			
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE		☐ DELETE	1.1 TITLE	1.5		☐ Change	Addition	
NAME			1.2 NAME	C	Arlos M Beauti			
STREET ADDRESS			1.3 STREE	TADDRESS 4	Arlos M Benuff 476 Ascot Circle N			
CITY-ST-ZIP			1.4 CITY- S	T-ZIP S	arasota, FL 34235			
TITLE		☐ DELETE	2.1 TITLE	1 V .	ho	☐ Change	Addition	
NAME			2.2 NAME	2	avid Wick			
STREET ADDRESS			2.3 STREE	TADORESS 2	000 Alameda Ave arasola, FL 3434		[
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP ST-ZIP	grasola FL 34234			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS			33 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		.		
TITLE	i	DELETE	51TTLE			☐ Change	Addition	

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE: _

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

DELETE

Change

☐ Addition

FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90266 029 ***158.75