FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

-					⊣		
DOCUMENT # S60439 (4) 1. Corporation Name							
•	EE OF PGI, INC.						
2711							
Principal Place of	of Business	Mailing Address				116 1011 41011 0 1911 61	BET 01014 01011 01011 100)
1366 PLOVER COURT 1366 PLOVER C			ī				
	DA FL 33950	PUNTA GORDA FL 3	13950			3a. Date of L	est Donord
					3. Date Incorporated or Qualified 06/17/1991	1	17/1995
2. Principal Place of Business 2a		2a. Mailing Address	a. Mailing Address		4. FEI Number	1 04/	Applied For
21 26		⊢ ,	i]		65-0279364	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing		\$5.00 May Be
23 28		<u> </u>			Trust Fund Contribution		Added to Fees
Zip	h-1 555mg		Countr	У	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		
24	25	29	30		Florida Statutes Yes		nt .
	9. Name and Address of Curr	ent Registered Agent	8	1 Name	io. Hambare process		
AB 1117	· 1011 F		0.	Ctroot Add	ress (P.O. Box Number is Not Accepta	ble)	
GRANT, JON E. 1366 PLOVER COURT			8	Z Street Addi	less (F.O. Box Northern 15 Nov Noophar		
	GORDA, 33950		83				
1 01111			8	4 City		FL ⁸	5 Zip Code
					nation a demits this statement for the pu		na its registered office
or robietore	ad agant for both in the State of Hi	orida. Such chande was authori	ZEU DY LITE DUI	rporation's boa	ration submits this statement for the purid of directors. I hereby accept the app	pointment as regi	istered agent. I am
familiar wit	h, and accept the obligations of, S	ection 607.0505, Florida Statute	S .				
SIGNATURE _	Signature, typed or printed name of registered as	gent and title if applicable. (N	IOTE: Registered Ag	gent signature require	ed when reinstating)	DATE	
12.	OFFICERS /	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		RECTORS IN 12
TITLE	D DELETE		1. 1 TITU			۰	mange Addition
NAME	GRANT, JUNE			12 NAME 1.3 STREET ADDRESS			
STREET ADDRESS	1000 1000 1000		1.4 CITY				
CHY-ST-ZIP TITLE	TONIA GOIDALE 2		2. 1 TITL				Change
NAMÉ			2 2 NAM	E .			
STREET ADDRESS	1366 PLOVER COURT		2 3 STREET ADDRESS				
CITY - ST - ZIP	PUNTA GORDA FL		24 CITY	- S1 - ZIP			Name Addition
TITLE	[_] DELETE 3		3 1 TITE			. 🗀 '	Change
NAME			3.2 NAM	- 1			
STREET ADDRESS			1	EET ADORESS			
CITY-S1-ZIP		☐ DELETE	4. 1 THT	-ST-7)P .E			Charge Addition
TITLE NAME		فسي	4.2 NAM				;
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP	·		4.4 CITY	r - ST - ZIP			Sharga
TITLE		☐ DELETE	5. 1 TITI			[] ⁽	Charge
NAME			5 2 NAM	ŀ			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP			5 4 City 5 1 Tity	Y-ST-ZIP LE			Change Addition
TITLE		□ pterie	6.2 NAM				
NAME STREET ADDRESS				EET ADDRESS			
PINEEL WIDGESS				Y-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida 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 atjachment with an address.

SIGNATURE:

| SIGNATURE | SIGNATURE AND TYPED DA PRINTED NAME OF SIGNING OFFICER OF DIRECTOR