

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 AM 3: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G67254

(4)

1. Corporation Name

PROGRESS MARKETING CONSULTANTS, INC.

Principal Place of Business

C/O T C FORTSON, JR
415 ALMELIA CIRCLE
TALLAHASSEE FL 32304

Mailing Address

C/O T C FORTSON, JR
415 ALMELIA CIRCLE
TALLAHASSEE FL 32304

100001471631

-05/02/95--01146--003

****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1983

3a. Date of Last Report

04/28/1994

4. FEI Number

59-2344010

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 916 Lakeland Rd.

2a. Mailing Address

26 916 Lakeland Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tallahassee FL

City & State

20 Tallahassee FL

Zip

24 32304

Country

25 Leon

Zip

29 32304

Country

30 Leon

9. Name and Address of Current Registered Agent

WOLFE, LARRY S. (S)
200-A JOHN KNOX RD.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FORTSON, T C, JR
STREET ADDRESS	415 AMELIA CIR.
CITY, ST, ZIP	TALLAHASSEE, FL 00000
TITLE	D
NAME	FORTSON, GLENDA
STREET ADDRESS	415 AMELIA CIR.
CITY, ST, ZIP	TALLAHASSEE, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY, ST, ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY, ST, ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY, ST, ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY, ST, ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY, ST, ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY, ST, ZIP	Change	Addition

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)(b), 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 the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

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