

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND APPROVED
FILED AND FILED

95 MAY -1 AM 6:39
95 MAY -1 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K86013** (5)
1. Corporation Name
PRO-CO INCORPORATED

Principal Place of Business Mailing Address
187 E. GOODHEART AVE.
P.O. BOX 950733
LAKE MARY FL 32795-0733

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/15/1989** 3a. Date of Last Report **04/27/1994**

4. FEI Number **59-2949494** Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be
Added to Fees

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

2. Principal Place of Business 2a. Mailing Address
21 **1000 Savage Court** 26 **1000 Savage Court**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 219** 27 **Suite 219**
City & State City & State
23 **Longwood, FL** 28 **Longwood, FL**
Zip Country Zip Country
24 **32750** 25 **USA** 29 **32750** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MULLEN, BRIAN J.
187 EAST GOODHEART AVENUE
LAKE MARY FL 32746

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 **Brian J. Mullen, President** *[Signature]* **4/25/95**
Signature: typed or printed name of registered agent and title if applicable (NONE) (Signature of Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
PT	MULLEN, BRIAN J.	187 E. GOODHEART AVE	LAKE MARY FL					<input type="checkbox"/>	<input type="checkbox"/>
VS	MULLEN, MARGARET B.	187 E. GOODHEART AVE	LAKE MARY FL	S	Mullen, Margaret B.	187 E. Goodheart Ave.	Lake Mary, FL 32746	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				V	William Grabe	1000 Savage Ct.	Longwood, FL 32750	<input type="checkbox"/>	<input checked="" type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

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 110.07(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 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.

SIGNATURE: *[Signature]* **4/25/95 (407)830-6969**
Typed name and typed or printed name of signing officer or director **Brian J. Mullen**