

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000058354 (0)

1. Corporation Name
FRANKLIN PROGRESSIVE RESOURCES, INC.



Principal Place of Business: **1754 STERNWHEEL DR JACKSONVILLE FL 32223**
Mailing Address: **1754 STERNWHEEL DR JACKSONVILLE FL 32223**

3. Date Incorporated or Qualified: **08/19/1993**
3a. Date of Last Report: **06/13/1995**

21	22	23	24	25	26	27	28	29	30	4.	5.	6.	8.
Principal Place of Business		Mailing Address		FEI Number		Certificate of Status Desired		Election Campaign Financing		Date of Last Report		Date of Last Report	
10600-23 SAN JOSE BLVD.		1754 STERNWHEEL DR.		59-3203619		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> \$5.00 May Be Added to Fees		06/13/1995		06/13/1995	
City & State		City & State		Applied For		Trust Fund Contribution		This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Not Applicable		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
JACKSONVILLE, FLORIDA		JACKSONVILLE, FLORIDA		Not Applicable		<input type="checkbox"/>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Not Applicable			
Zip		Zip		Country		Country		Country		Country		Country	
32257		32223		USA		USA		USA		USA		USA	

9. Name and Address of Current Registered Agent
**WOLFE, LARRY
200-A JOHN KNOX RD
TALLAHASSEE FL 32303-6643**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D FRANKLIN, MICHAEL W	1.2 NAME	
STREET ADDRESS	1754 STERNWHEEL DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V FRANKLIN, KATHY D.	2.2 NAME	
STREET ADDRESS	1754 STERNWHEEL DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 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), Florida Statutes. I further certify that the information included 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 trustee 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 in an attachment with an address.

SIGNATURE: *Michael W. Franklin* **MICHAEL W. FRANKLIN** 1-2496 904-262-1272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)