I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

PT

## SIGNATURE: BRIAN MULLEN

Electronic Signature of Signing Officer/Director Detail

<b>Current Principal</b>	Place of Business:
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2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

910 BELLE AVE 1000 WINTER SPRINGS, FL 32708

DOCUMENT# K86013

# **Current Mailing Address:**

910 BELLE AVE 1000 WINTER SPRINGS, FL 32708 US

Entity Name: PRO-CO INCORPORATED

# FEI Number: 59-2949494

## Name and Address of Current Registered Agent:

MULLEN, BRIAN J 6713 TURTLEMOUND ROAD 414 NEW SMYRNA BEACH, FL 32169 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

#### Electronic Signature of Registered Agent . .. ----

Officer/Director Detail :			
Title	PT	Title	S
Name	MULLEN, BRIAN J	Name	MULLEN, MARGARET B
Address	6713 TURTLEMOUND ROAD 414	Address	6713 TURTLEMOUND ROAD 414
City-State-Zip:	NEW SYMRNA BEACH FL 32169	City-State-Zip:	NEW SMYRNA BEACH FL 32169
Title	V		
Name	GRABE, WILLIAM		
Address	910 BELLE AVE		
City-State-Zip:	WINTER SPRINGS FL 32708		

Certificate of Status Desired: No

#### FILED Mar 27, 2019 Secretary of State 1718804961CC

03/27/2019 Date

Date