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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 381017

(3)

1. Corporation Name

PROGRESSIVE LIVING, INC.

Principal Place of Business

Mailing Address

C/O CHARLES A. HAGER, JR.
8205 BOCA CIEGA DR.
ST. PETERSBURG BCH. FL 33706

C/O CHARLES A. HAGER, JR.
8205 BOCA CIEGA DR.
ST. PETERSBURG BCH. FL 33706-1520

3. Date Incorporated or Qualified

04/26/1971

3a. Date of Last Report

04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HAGER, CHARLES A. JR.
8205 BOCA CIEGA DR.
ST. PETERSBURG BCH. FL 33706

4. FEI Number

59-1422437

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

HAGER, CHARLES A. JR.

STREET ADDRESS

8205 BOCA CIEGA DR.

CITY - ST - ZIP

ST. PETE. BEACH FL

TITLE

V

☐ DELETE

NAME

VINCENT, NORMAN A.

STREET ADDRESS

12481 FILLMORE ST.

CITY - ST - ZIP

SPRING HILL FL

TITLE

D

☐ DELETE

NAME

HAGER, VIRGINIA G.

STREET ADDRESS

8205 BOCA CIEGA DR.

CITY - ST - ZIP

ST. PETE. BEACH FL

TITLE

T

☐ DELETE

NAME

HAGER, VIRGINIA G.

STREET ADDRESS

8205 BOCA CIEGA DR.

CITY - ST - ZIP

ST. PETE. BCH FL

TITLE

D

☐ DELETE

NAME

VINCENT, JOYCE A.

STREET ADDRESS

12481 FILLMORE ST.

CITY - ST - ZIP

SPRING HILL FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Charles A. Hager Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-97

Date

813 360 1458

Daytime Phone #

0374443

CR2E034 (9/96)