Mar 17, 1999 8:00 am Secretary of State 03-17-1999 90155 048 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

1. Corporation Name

PROGRESS HOMES, INC.				
2: 10: 40	Mailing Address	- <del></del>	1	DARRA BIBBI BIBBI ECON BIBBI 1001
Principal Place of Business	Mailing Address			
1515 COUNTRY OAKS BLVD LAKE WALES FL 33853	1515 COUNTRY OAKS BLVI LAKE WALES FL 33853	)		
US	US		DO NOT WRITE IN THE	S SPACE
			Date Incorporated or Qualifed	
			11/17/1971	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-1379921	Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc		5 0 (O) . D . L	\$8.75 Additional
22	27		5. Certifcate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year I	ntangible
24 25	29	30	Personal Property Tax	☐ Yes ☑ No
9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registere	1 Agent
LAN HOWADD		81 Name		
KAY, HOWARD		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
1515 COUNTRY OAKS BLVD.				
LK WALES, FL		83		
LAKE WALES FL 33853		84 Crty		85 Zip Code
		84 Crty	F	L   03   2.15 0000
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Statagent. I am familiar with, and accept the oblig	e of Florida. Such change was at	ithorized by the corporation	oration submits this statement for the purpose only board of directors. I hereby accept the app	of changing its registered continent as registered
	gations of, Section 607.0305, 1 km	ida Gialates		
SIGNATURE Signature, typed or printed name of registered ac	gent and title if applicable INDTE	Registeres Agent signature require	d when reinstating) DATE	
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE PSD	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME KAY, HOWARD		12 NAME		
STREET ADDRESS 1515 COUNTRY OAKS BLVD		13 STREET ADDRESS		
CITY-ST-ZIP LK WALES, FL 00000 33853		14 CITY-S1-ZIP		
TITLE VD	( ) DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME KAY, KEVIN		2.2 NAME.		
STREET ADDRESS 1455 COUNTRY OAKS BLVD.		2 3 STREET ADORESS		
CITY-ST-ZIP LAKE WALES FL 33853		2 4 CITY-ST-7/P		
TITLE	= − □ □ DELETE	3, 111.5		[_] Change [_] Addition
NAME		3.2 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CitY-ST-ZIP		
TITLE	☐ DELETE	4 1 TITLE		Change Addition
NAME		4 2 NAME		
STREET ADDRESS				
		1		
CITY-ST-ZIP TITLE		4 3 STREET ADDRESS		
TITLE	□ DELFTF	4 3 STREET ADDRESS 4 4 CITY+ST-ZIP		☐ Change ☐ Addition
NAME	☐ DELETE	4 3 STREET ADDRESS		☐ Change ☐ Addition
NAME OVERTA ADDRESS	☐ DELETE	4 3 STREET ADDRESS 4 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME		☐ Change ☐ Addition
STREET ADDRESS	☐ DELETE	4 3 STREET ADDRESS 4 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS		☐ Change ☐ Addition
	☐ DELETE	4 3 STREET ADDRESS 4 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME		Change Addition

14. Thereby 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

Howard Kay (President)