

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 696291 (4)
1. Corporation Name
PROGRESSIVE HOME INVESTORS, INC.



Principal Place of Business
4315 SW 20TH AVE
CAPE CORAL FL 33914
US

Mailing Address
4315 SW 20TH AVE
CAPE CORAL FL 33914
US

2. Principal Place of Business
21. 3860 CENTRAL AVE
State Apt. #, etc.
22. #208
City & State
23. FT MYERS FLA
Zip
24. 33904-9230 25. LEE

2a. Mailing Address
26. 3860 CENTRAL AVE
State Apt. #, etc.
27. #208
City & State
28. FT MYERS FLA
Zip
29. 33904-9230 30. LEE

3. Date Incorporated or Qualified 07/28/1981
3a. Date of Last Report 07/27/1995
4. FEIN Number 59-2753239
Applied For Not Applicable
5. Corporation of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No
10. Name and Address of New Registered Agent

DUPRE, ROBERT J.
4315 SW 20TH AVE
CAPE CORAL FL 33914

81. Name ROBERT J. DUPRE
82. Street Address (P.O. Box Number is Not Acceptable) 3860 CENTRAL AVE #208
83.
84. City FT MYERS FL 85. Zip Code 33901

11. I, the undersigned, being a resident of this State, do hereby certify that the foregoing is a true and correct statement of the corporation's financial condition for the year ended December 31, 1996, and that the same has been audited by a certified public accountant, and that the same has been approved by the board of directors of the corporation. I am duly sworn and accept the obligations of Section 607.01, Florida Statutes.

SIGNATURE Robert J. Dupre Robert J. Dupre

Robert J. Dupre 3/22/97

12. OFFICERS AND DIRECTORS
1. NAME PD
2. NAME DUPRE, ROBERT J
3. STREET ADDRESS 4315 SW 20TH AVE
4. CITY, STATE, ZIP CAPE CORAL FL
5. TITLE STD
6. NAME DUPRE, DOROTHY J
7. STREET ADDRESS 4315 SW 20TH AVE
8. CITY, STATE, ZIP CAPE CORAL FL
9. NAME
10. STREET ADDRESS
11. CITY, STATE, ZIP
12. NAME
13. STREET ADDRESS
14. CITY, STATE, ZIP
15. NAME
16. STREET ADDRESS
17. CITY, STATE, ZIP
18. NAME
19. STREET ADDRESS
20. CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME ☒ Change ☐ Addition
2. NAME
3. STREET ADDRESS 3860 CENTRAL AVE #208
4. CITY, STATE, ZIP FT MYERS FLA 33901-
5. TITLE ☒ Change ☐ Addition
6. NAME
7. STREET ADDRESS 3860 CENTRAL AVE #208
8. CITY, STATE, ZIP FT MYERS FLA 33901
9. NAME ☐ Change ☐ Addition
10. STREET ADDRESS
11. CITY, STATE, ZIP
12. NAME ☐ Change ☐ Addition
13. STREET ADDRESS
14. CITY, STATE, ZIP
15. NAME ☐ Change ☐ Addition
16. STREET ADDRESS
17. CITY, STATE, ZIP
18. NAME ☐ Change ☐ Addition
19. STREET ADDRESS
20. CITY, STATE, ZIP

14. I, the undersigned, do hereby certify that the foregoing is a true and correct statement of the corporation's financial condition for the year ended December 31, 1996, and that the same has been audited by a certified public accountant, and that the same has been approved by the board of directors of the corporation. I am duly sworn and accept the obligations of Section 607.01, Florida Statutes. I further certify that the information furnished by the corporation is true and accurate and that my signature shall have the same legal effect as if made under oath. I am duly sworn and accept the obligations of Section 607.01, Florida Statutes, and that my name appears on Block 13 of this form. (Not changed, or otherwise amended with an addition.)
SIGNATURE: Robert J. Dupre ROBERT J. DUPRE PRESIDENT 3/22/97/12772269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)