

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
.1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUL 28 PM 2:03

DOCUMENT # 696291

(4)

1. Corporation Name

PROGRESSIVE HOME INVESTORS, INC.



Principal Place of Business

3880 CENTRAL AVE
SUITE 208
FT MYERS FL 33901-236
US

Mailing Address

3880 CENTRAL AVE
SUITE 208
FT MYERS FL 33901-8236
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3559 FOWLER ST.

Suite, Apt. #, etc.

22

City & State

23 FT. MYERS FL.

Zip

24 33901

Country

25 LEE

2a. Mailing Address

26 PO BOX 1594

Suite, Apt. #, etc.

27

City & State

28 FT. MYERS FLA.

Zip

29 33902

Country

30 LEE

3. Date Incorporated or Qualified

07/28/1981

3a. Date of Last Report

04/01/1996

4. FEI Number

59-2753239

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DUPRE, ROBERT J.
3880 CENTRAL AVE
SUITE 208
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name ROBERT J. DUPRE

82 Street Address (P.O. Box Number is Not Acceptable)

3559 FOWLER ST.

83

84

City FT. MYERS

FL

85 Zip Code 33901

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

4/5/97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DUPRE, ROBERT J
STREET ADDRESS 3880 CENTRAL AVE, #208
CITY-ST-ZIP FT MYERS FL

TITLE STD ☐ DELETE

NAME DUPRE, DOROTHY J
STREET ADDRESS 3880 CENTAL AVE, #208
CITY-ST-ZIP FT MYERS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 100002251621 ☐ Change ☐ Addition

1.2 NAME -07/29/97--01129--011

1.3 STREET ADDRESS ****165.00 ****165.00

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: 12 SIGNATURE: ROBERT J. DUPRE 4/5/97 104162251621

CR2E034 (4/97)