

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

FILED
Apr 14 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 # F96000000741 (6)
 1. Corporation Name
PROACTIVE TECHNOLOGIES, INC.



Principal Place of Business: **7118 BEECH RIDGE TRAIL TALLAHASSEE FL 32312**
 Mailing Address: **7118 BEECH RIDGE TRAIL TALLAHASSEE FL 32312-3642**

3. Date Incorporated or Qualified: **02/13/1996** 3a. Date of Last Report

4. FEI Number: **23-2265039** 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

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
CONNER, MARK A
7118 BEECH RIDGE TRAIL
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: CP	<input type="checkbox"/> DELETE
NAME: CONNER, MARK A	
STREET ADDRESS: 7118 BEECH RIDGE TRAIL	
CITY-ST-ZIP: TALLAHASSEE FL 32312	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: _____	
1.3 STREET ADDRESS: _____	
1.4 CITY-ST-ZIP: _____	
2.1 TITLE: S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: Anne F. Dechman	
2.3 STREET ADDRESS: 7118 Beech Ridge Trail	
2.4 CITY-ST-ZIP: Tallahassee, FL 32312	
3.1 TITLE: V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: James F. Heidenreich	
3.3 STREET ADDRESS: 7118 Beech Ridge Trail	
3.4 CITY-ST-ZIP: Tallahassee, FL 32312	
4.1 TITLE: T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: David K. Williams	
4.3 STREET ADDRESS: 7118 Beech Ridge Trail	
4.4 CITY-ST-ZIP: Tallahassee, FL 32312	
5.1 TITLE: CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME: James A. Preiss	
5.3 STREET ADDRESS: 7118 Beech Ridge Trail	
5.4 CITY-ST-ZIP: Tallahassee, FL 32312	
6.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME: Robert E. Maloney, Jr.	
6.3 STREET ADDRESS: 7118 Beech Ridge Trail	
6.4 CITY-ST-ZIP: Tallahassee, FL 32312	

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: _____ **Mark A. Conner, Pres.** 3/12/97 (904) 668-8500

CR2E034 (9/96)

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**7118 BEECH RIDGE TRAIL
TALLAHASSEE FL 32312**

Mailing Address
**7118 BEECH RIDGE TRAIL
TALLAHASSEE FL 32312-3642**

3. Date Incorporated or Qualified
02/19/1006

3a. Date of Last Report

ADDITIONAL OFFICERS/DIRECTORS

2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Add
2.2 NAME	Langdon S. Flowers, Jr.		
2.3 STREET ADDRESS	329 N. Broad		
2.4 CITY-ST-ZIP	Thomasville, GA 31792		
3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Add
3.2 NAME	Dr. Ben S. Branch		
3.3 STREET ADDRESS	Univeristy of Mass., School of Mgmt.		
3.4 CITY-ST-ZIP	Amherst, MA 01003		
4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Add
4.2 NAME	Marshall Cassedy		
4.3 STREET ADDRESS	2012-D North Pointe Blvd.		
4.4 CITY-ST-ZIP	Tallahassee, FL 32308	<input type="checkbox"/> Change	<input type="checkbox"/> Add
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

I am filing this report for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath and that I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name is as shown on this report.

DIRECTOR

Date

Daytime Phone #

0048936