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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G40412

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PROCOMP, INC.

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FILED

Apr 21 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address 329 E. OLYMPIA 329 E. OLYMPIA								
POB 1073		POB 1073	POB 1073		ļ			
PUNTA GORDA FL 33950 PUNTA GORDA FL 33950-3833			,		3. Date Incorporated or Qualified		of Last Report	
2. Principal P	lace of Business	2a Mailing Address			4. FEt Number			Applied For
21			1096	3	59-2308820			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, et 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required		
├──		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	1	8. This corporation has liability for in	tangible tax	under	s. 199.032,
24	25	29 38951-09 B				Yes 🔲 N		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	Istered Age	nt	
	n, randy f.		81	Name				
	e Olympia ave		82	Street Add	ress (P.O. Box Number is Not Acceptable	e)		
PUN	TA GORDA FL 33951		L					
			83					
			84	City		FL ⁸	5 Zir	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes,	the above	le-named corr	poration submits this statement for the pu	rnose of ch	anging	its registered
office or r	registered agent, or both, in the Stat im familiar with, and accept the oblig 	e of Florida. Such change was aut	horized bi	/ the corp ora	tion's board of directors. I hereby accep	the appoint	měnt a	s registered
SIGNATURE	Signature, typed or printed name of registered as	ocet and title if sort cable (NOY R	resistered Age	ert s anature requi	ired when reinstaling)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		RECTO	ORS IN 12
TITLE	\$	☐ DELETE	1.1 THLE				Change	☐ Addition
NAME	DUNN, RANDY F.		1.2 NAME					
STREET ADDRESS	2211 BERMUDA		1.3 STREET	ADDRESS				
CITY-ST-ZIP	PORT CHARLOTTE FL		1.4 CITY- 9	T - 71P				
TITLE	P	DELETE	2.1 TITLE				Change	Addition
NAME		KATZEN, MELVIN 22						
STREET ADDRESS	77 TROPICANA DRIVE		2.3 STREET	ADDRESS				
CITY-ST-ZIP	PUNTA GORDA FL		2. 4 CI1Y-	ST - Z IP				
TITLE		☐ DECETE	3.1 TITLE		····		Change	Addition
Name			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3 4. CITY-	ST-21P				
TITLE		☐ DETE1E	41 TITLE			LJ	Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	Ļ				
CITY-ST-ZIP		- COLETC	4.4 CITY - 9	ST-ZIP			O.L.	1 1 1 1 1 1 1
TITLE		☐ DELETE	5.1 TITLE			L	Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP		Treefe	5.4 CITY - S	31 - ZIP			Oherr	A 2200
TITLE		☐ DELETE	6.1 TITLE			L	Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADORESS				
CITY-ST-ZIP	hy partify that the information owner.		6.4 CITY - S		d in Coation \$10.07/29/3 Florido Statutos		3.00	

14. I do nereby 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 is fit in strue 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, if on an attaching high an address.

MANATURE V PHEROLOGICAL SALARY & D

/-11-07

941-639-8363