1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **H64727**

1. Corpo	ration Name	-				1			
PROC	GRAMMING METHODS, INC.		•						
Principal	Place of Business	Mailing Address					ONEN TION CON DIE	ik Biliki bibil bibil b	
2101 MIDT		PO BOX 3392							
PORT ST LUCIE FL 34952		STUART FL 34995			DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated or Qua			
						06/28/1985			
2. Princip	pal Place of Business	2a. Mailing Address				4. FEI Number		Ар	plied For
21		26				17-1368559		No	t Applicable
Suite,	Apt. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desir	red 🗌	\$8.75 ; <i>A</i> Fee Re	
22 City &	State	City & State				6 Fleeties Compaign Finan	neina	\$5.00	
23	State	28				6. Election Campaign Finar Trust Fund Contribution		Added t	
Zip	Country	Zip	Coun	itry		8. This corporation owes the	e current year	Intangible	
24	25	29	30			Personal Property Tax.		Yes	XNo
	9. Name and Address of Curre	ent Registered Agent		٠. ١	<u> </u>	10. Name and Address of I	New Registere	d Agent	
	JONES, ROGER L		[81 1	Name				
Page	2101 MIDTOWN RD			82 3	Street Addr	ess (P.O. Box Number is Not A	cceptable)		
1	PORT ST LUCIE FL 34952		1	83		15 Translati	215 131 131 213		
						1.00 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	12.4 11.0 12.0 515	0 \$120 71511 6121: 9	Code
			T-	84 /	City	2*			
					City		F	L	
11. Pursi	and faithe provisions of Sections 607.00	502 and 607.1508, Florida S	tatutes the abo	OVE-P	named com	oration submits this statement for	or the purpose accept the app	of changing its	registered
l ~ ⊂ office		te of Florida. Such change w	tatutes, the abo	ove-n	named com	oration submits this statement fo on's board of directors. I hereby	or the purpose accept the app	of changing its	registered
l ~ ⊂ office	uant to the provisions of Sections 607.05 or registered agent, or both, in the Stat t. I am familiar with, and accept the oblig JRE	te of Florida. Such change w gations of, Section 607.0505	tatutes, the aboves authorized by Florida Statut	ove-n by the tes.	named corporation	oration submits this statement for the statement of the s	or the purpose accept the app	of changing its	registered
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14. I 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 a stated many that is a 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 a stated many that is a 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 the receiver or trustee empowered to execute this report as required by Chapter 607.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 12, 1999 8:00 am

Secretary of State

02-12-1999 90003 005 ***150.00