

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J46366** (7)

1. Corporation Name
PROGRESS RESEARCH, INC.



Principal Place of Business: **500 NORTHRIDGE RD. STE 780 ATLANTA GA 30350 US**
Mailing Address: **500 NORTHRIDGE RD. STE 780 ATLANTA GA 30350 US**

3. Date Incorporated or Qualified: **12/08/1986**
3a. Date of Last Report: **10/27/1995**
4. FEI Number: **59-2776702**
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 1121 Alderman Drive**
22. Suite, Apt. #, etc: **22 Suite 200**
23. City & State: **23 Alpharetta, GA**
24. Zip: **24 30202**
25. Country: **25 USA**
2a. Mailing Address: **26 1121 Alderman Drive**
27. Suite, Apt. #, etc: **27 Suite 200**
28. City & State: **28 Alpharetta, GA**
29. Zip: **29 30202**
30. Country: **30 USA**

9. Name and Address of Current Registered Agent
**ZIMMERMAN, ARNOLD
3310 N MAIN STREET
GAINESVILLE FL 32609**

10. Name and Address of New Registered Agent
81 Name: **Bruce Brashear**
82 Street Address (P.O. Box Number is Not Acceptable): **920 N.W. 8th Ave., Suite A**
83
84 City: **Gainesville** FL 85 Zip Code: **32601**

11. Pursuant to the provisions of Sections 607.0507 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *Bruce Brashear* **Bruce Brashear** 6-21-96
Signature of current registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when registering.) DATE:

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHALLONER, DAVID	
STREET ADDRESS	UNIVERSITY OF FLORIDA	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DPT	<input checked="" type="checkbox"/> DELETE
NAME	ZIMMERMAN, ARNOLD	
STREET ADDRESS	1106 N.W. 57TH STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOPSON, HOWELL H.	
STREET ADDRESS	5023 NW 16TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
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. TITLE	DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS	No longer a director.	
4. CITY-ST-ZIP		
2.1 TITLE	DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	No longer a director, president, treasurer.	
2.4 CITY-ST-ZIP		
3.1 TITLE	DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	No longer a director.	
3.4 CITY-ST-ZIP		
4.1 TITLE	P, T, S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Roderick McClain	
4.3 STREET ADDRESS	1121 Alderman Drive, Suite 200	
4.4 CITY-ST-ZIP	Alpharetta, GA 30202	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Roderick McClain* **Roderick McClain, President** 6/20/96 770 667 6088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY OF THE YEAR

CR2E034 (3/96)

7/9/96