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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90134 008 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K68040

1. Corporation Name

PROGRESSIVE MACHINERY SALES, INC.

Principal Place of Business

**2321 NORTHEAST 29TH AVENUE
OCALA FL 34470
US**

Mailing Address

**2321 NORTHEAST 29TH AVENUE
OCALA FL 34470
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1989

4. FEI Number

59-2945246

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 9587 B SW 84TH TER.

2a. Mailing Address

26 PO BOX 339

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Ocala, FL

City & State

28 Ocala, FL

Zip Country

24 34481 25 MARION

Zip Country

29 34478 30 MARION

9. Name and Address of Current Registered Agent

**TOFFOLON, JOSEPH F.
9587 "B" S.W. 84TH TERRACE
OCALA FL 34481**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 *Joseph F. Toffolon* **JOSEPH F. TOFFOLON PRES**

(NOTE: Registered Agent signature required when reinstating)

1-5-99
DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE

NAME **TOFFOLON, JOSEPH F.**
STREET ADDRESS **9587 "B" S.W. 84TH TERRACE**
CITY-ST-ZIP **OCALA FL**

TITLE **SD** ☐ DELETE

NAME **TOFFOLON, PAULINE A.**
STREET ADDRESS **9587 "B" S.W. 84TH TERRACE**
CITY-ST-ZIP **OCALA 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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99 352-873-4799
Date Daytime Phone #

CR2E034 (1/98)