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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K68040

PROGRESSIVE MACHINERY SALES, INC.

Principal	Place	of	Business

Mailing Address

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90134 008 ***150.00



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ST 29TH AVENUE		ENUE				
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ace of Business			_	·· · -		Applied For
7 B SIN 844 TEP.	26 PA BOX.	7.39	7	59-2945246		Not Applicable
	Suite, Apt. #, etc.			_	\$8.7	5 Additional
	—			5. Certificate of Status Desired	Fee	Required
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LA, FL.	28 OCHLA,	<u>-Z.</u>		28 Trust Fund Contribution	- AAddi	ed to Fees
Country :	Zip			8. This corporation owes the current year		P***
1 8 / 25 /VIARIAN/	29 344 18	30 ////	ARION.	Personal Property Tax.	U⁄Yes	□No
				10. Name and Address of New Registe	red Agent	
			81 Name			
folon, Joseph F.		L.	00 00 1 4 1-	to a CO O Day Number is Net Assentable)		
"B" S.W. 84TH TERRACE		'	82 Street Add	aress (P.O. Box Number is Not Acceptable)		
LA FL 34481		1	83			
			84 City		85 Z	ip Code
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to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the ab	ove-named cor	poration submits this statement for the purpo	se of changing	its registered
egistered agent, or both, in the State o m familiar with, and accept the obligati	ons or, Section 607.0505, Flor	ida Statut	ies.	_		registered ==
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	and the Manuflackia (MOTE)	Designand A	good pippoture roquir	red when reinstating) DA	F	
Signature, Apped or printed name pregistered agent			gent signature requir	red witer) anistamid)	<u>- </u>	TORS IN 12
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	ace of Business 7 B SLU SYA TER. #, etc. Country 9. Name and Address of Current FOLON, JOSEPH F. "B" S.W. 84TH TERRACE LA FL 34481	OCALA FL 34470 US ace of Business 7 B SLU 844 TER. 26 PO BOX #, etc. Suite, Apt. #, etc. 27 City & State 28 OCALA Country Zip 9. Name and Address of Current Registered Agent FOLON, JOSEPH F. "B" S.W. 84TH TERRACE LA FL 34481 To the provisions of Sections 607.0502 and 607.1508, Florida Statute egistered agent, or both, in the State of Florida. Such change was au in familiar with, and accept the obligations of, Section 607.0505, Florida Statute egistered agent, or both, in the State of Florida. Such change was au in familiar with, and accept the obligations of, Section 607.0505, Florida Statute egistered agent, or both, in the State of Florida. Such change was au in familiar with, and accept the obligations of, Section 607.0505, Florida Statute egistered agent, or both, in the State of Florida. 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"B" S.W. 84TH TERRACE LA FL 34481 To the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abegistered agent, or both, in the State of Florida. Such change was authorized in family ar with, and accept the obligations of, Section 607.0505, Florida Statutes and Statutes and Statutes and Statutes are applications of, Section 607.0505, Florida Statutes and Statutes are applications of, Section 607.0505, Florida Statutes and Statutes are applications of, Section 607.0505, Florida Statutes are applications of, Section 607.0505, Florida Statutes are applications of, Section 607.0505, Florida Statutes and Statutes are applications of, Section 607.0505, Florida Statutes are applications of Section 607.0505, Florida	OCALA FL 34470 US OCALA FL 34470 US Acce of Business A B SLU 844 TER. 26 PO BOX 339 #, etc. Suite, Apt. #, etc. 27 City & State Country Zip Country 9. Name and Address of Current Registered Agent FOLON, JOSEPH F. "B" S.W. 84TH TERRACE LA FL 34481 81 Rame Street Address of Current Registered Statutes, the above-named consequistered agent, or both, in the State of Florida. Such change was authorized by the corporating family ar with, and accept the obligations of, Section 607.0505, Florida Statutes.	OCALA FL 34470 US OCALA FL 34470 US DO NOT WRITE IN 3. Date Incorporated or Qualifed O2/23/1989 4. FEI Number 59-2945246 59-2945246 59-2945246 50. Certifcate of Status Desired Country Country Country 28 OCALA, FL 28 OCALA, FL 29 34 4 7 8 30 MAPION 9. Name and Address of Current Registered Agent COLON, JOSEPH F. B'S S.W. 84TH TERRACE LA FL 34481 84 City To the provisions of Sections 607 0502 and 607. 1508, Florida Statutes, the above-named corporation submits this statement for the purpose gistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. If hereby accept the 28 gistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. If hereby accept the 28 gistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. If hereby accept the 28 gistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. If hereby accept the 28 gistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. If hereby accept the 28 gistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. If hereby accept the 28 gistered by the corporation's board of directors. If hereby accept the 28 gistered by the corporation's board of directors. If hereby accept the 28 gistered by the corporation's board of directors. If hereby accept the 28 gistered by the corporation's board of directors. 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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 an attachment with an address, with all other like empowered.

SIGNATURE: