

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K80255** (8)
1. Corporation Name
PROGRESSIVE BASICS, INC.

Principal Place of Business 1855 WELLS ROAD, #7 ORANGE PARK FL 32073 US	Mailing Address P.O. BOX 922 ORANGE PARK FL 32067 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/14/1989	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2939882		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30 Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LEE, DAVID B JR 1409 KINGSLEY AVE ORANGE PARK FL 32073		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEESE, TIMOTHY H	1.2 NAME	
STREET ADDRESS	2600 RIVER PLACE LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEESE, KAREN B	2.2 NAME	
STREET ADDRESS	2600 RIVER PLACE LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARMERTER, RUSSELL F	3.2 NAME	
STREET ADDRESS	1480 CARIBOU CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32085	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYER, JAMES H	4.2 NAME	
STREET ADDRESS	11116 TRAPPERS CREEK	4.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27814	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYER, HOLLY	5.2 NAME	
STREET ADDRESS	11116 TRAPPERS CREEK	5.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27814	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESCOTA, JOSEPH	6.2 NAME	
STREET ADDRESS	3301 HILL PARK LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CARROLLTON TX 75007	6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Russell F. Parmeter* **RUSSELL F. PARMETER** 4-8-98 904 264-7408

CR2E034 (1097)