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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90046 036 ***150.00

DOCUMENT # K80255

PROGRESSIVE BASICS INC.

PROGRE	SSIVE BASICS, INC.				
Principal Place	of Business	Mailing Address			- I (MENAIN) and the state and a state and
1855 WELLS ROAD. #7 P.O. BOX 922 ORANGE PARK FL 32073 ORANGE PARK FL 32067 US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/14/1989
2. Principal Place of Business 2a, Mailing Address					4. FEI Number Applied For
26					59-2939882 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired
City & State	& State City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country 25	Zip 29 30	Count	гу	8. This corporation owes the current year Intangible Personal Property Tax.
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
LEE, DAVID B JR 1409 KINGSLEY AVE ORANGE PARK FL 32073			8	Name Street Calculate City	Address (P.O. Box Number is Not Acceptable) 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р '	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DEESE, TIMOTHY H		1.2 NAME		
STREET ADDRESS			1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073		1.4 CITY	-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 11111.1		☐ Change ☐ Addition
NAME	DEESE, KAREN B		2.2 NAM	E	}

2600 RIVER PLACE LN 2.3 STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32073 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME PARMERTER, RUSSELL F NAME 3.3 STREET ADDRESS 1480 CARIBOU CT STREET ADDRESS **ORANGE PARK FL 32065** 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE 4.1 TITLE TITLE NAME DYER, JAMES H 4. 2 NAME STREET ADDRESS 11116 TRAPPERS CREEK 4.3 STREET ADDRESS RALEIGH NC 27614 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME DYER, HOLLY 5.3 STREET ADDRESS 11116 TRAPPPERS CREEK STREET ADDRESS 5.4 CITY-ST-ZIP RALEIGH NC 27614 CITY-ST-ZIP ☐ Change ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME LESCOTA, JOSEPH NAME 6.3 STREET ADDRESS 3301 HILL PARK LANE STREET ADDRESS **CARROLLTON TX 75007** 6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE:

WAIGHATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BATTURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Data

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