

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -4 PM 2:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M81153 (2)

1. Corporation Name

PROGRESS CAPITAL HOLDINGS, INC.

Principal Place of Business

**C/O PAULINE M. FRY
ONE PROGRESS PLAZA/ P.O. BOX 33042
ST. PETERSBURG FL 33701**

Mailing Address

**%PAULINE M. FRY
ONE PROGRESS PLAZA P.O. BOX 33042 STE. 2600
ST. PETERSBURG FL 33701**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/17/1988

3a. Date of Last Report

03/25/1994

4. FEI Number

59-2910519

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRY, PAULINE M.
ONE PROGRESS PLAZA
SUITE 2600
ST. PETERSBURG FL 33701**

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

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**DCPC
KORPAN, RICHARD
ONE PROGRESS PLAZA
ST PETERSBURG FL 33701**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KEESLER, ALLEN J JR
3201 34 STREET SO.
ST PETERSBURG FL 33711**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition
**400001448904
-04/06/95--01025--009
****200.00 ****200.00**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
NAIMOLI, VINCENT
1511 NO. WESTSHORE
TAMPA FL 33613**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
NUNIS, RICHARD A
1375 BUENA VISTA DRIVE
LAKE BUENA VISTA FL 32830**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
RUFFIER, JOAN D
1115 BELLEAIR CIR.
ORLANDO FL 32804**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AS
HALEY, KATHLEEN M.
ONE PROGRESS PLAZA
ST. PETERSBURG FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed), or as an attachment with an addressee.

SIGNATURE:

Kathleen M. Haley

**KATHLEEN M. HALEY,
ASSISTANT SECRETARY**

3/31/95 (813) 824-6531

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Signature (Typed)