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FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P00206

(3)

1. Corporation Name
R.J. PROSSEN, INC.

Principal Place of Business

6604 HARNEY RD STE-A
STE-D NO SUITE
TAMPA FL 33610
US

Mailing Address

6604 HARNEY RD STE-A
STE-D NO SUITE
TAMPA FL 33610-9424
US



2. Principal Place of Business

21 6604 HARNEY ROAD

Suite, Apt. #, etc.

22 City & State

23 TAMPA, FLORIDA

24 Zip

33610

25 Country

U.S.A.

2a. Mailing Address

26 6604 HARNEY

Suite, Apt. #, etc.

27 City & State

28 TAMPA, FLORIDA

29 Zip

33610

30 Country

U.S.A.

3. Date Incorporated or Qualified

12/08/1983

3a. Date of Last Report

04/29/1996

4. FEI Number

39-1137070

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

9. Name and Address of Current Registered Agent

SMITH, GREG
700 LEWIS STATE BANK BUILDING
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81 Name

RAYMOND J. PROSSEN

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

11509 CERCA DEL RIO PLACE

83

84 City

TEMPLE TERRACE

FL

85 Zip Code
33617

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 fee, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

RAYMOND J. PROSSEN

4/11/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PTD
PROSSEN, RAYMOND J.
STREET ADDRESS 11509 CERCA DEL RIO PL
CITY-ST-ZIP TEMPLE TERRACE FL

TITLE ☐ DELETE

NAME SD
PROSSEN, JEAN A.
STREET ADDRESS 11509 CERCA DEL RIO PL
CITY-ST-ZIP TEMPLE TERRACE 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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

RAYMOND J. PROSSEN

4/11/97

(813) 621-7220

CR2E034 (9/96)