

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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90031 015 ***150.00

DOCUMENT # P92000007120

1. Corporation Name
PROGOLD ASSOCIATES, INC.

Principal Place of Business

3310 BAYOU ROAD
LONG BOAT KEY FL 34228
US

Mailing Address

3310 BAYOU ROAD
LONG BOAT KEY FL 34228
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1992

4. FEI Number

65-0371217

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

SINDER, NED
3310 BAYOU ROAD
LONG BOAT KEY FL 34228

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DST
NAME OXFORD, MARGARET C
STREET ADDRESS 3310 BAYOU ROAD
CITY-ST-ZIP LONG BOAT KEY FL ☒ DELETE

TITLE DV
NAME MARKS, J B
STREET ADDRESS 2425 NEWPORT AVE.
CITY-ST-ZIP LAKELAND FL 33803 ☐ DELETE

TITLE DST
NAME OXFORD, T J
STREET ADDRESS 6685 GULF OF MEXICO DR.
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☒ DELETE

TITLE *DA Ned 7. Sinder*
NAME *Ned 7. Sinder*
STREET ADDRESS *3310 Bayou Road*
CITY-ST-ZIP *Long Boat Key, FL 34228* ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DST ☒ Change ☐ Addition
1.2 NAME *ANNELO J ANDROFF*
1.3 STREET ADDRESS *137 OGRNOCH COURT*
1.4 CITY-ST-ZIP *PONTE VEDRE BEACH, FL 32082*

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 *PRESIDENT - DIRECTOR* ☐ Change ☒ Addition
4.2 NAME *Ned 7. SINDER*
4.3 STREET ADDRESS *3310 BAYOU ROAD*
4.4 CITY-ST-ZIP *LONGBOAT KEY, FL 34228*

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)