FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000032348 (2)**

1. Corporation Name

PROGRESSIVE INSURANCE SERVICES, INC.

Principal Place of Business

PROGRESSIVE INSURANCE SERVICES, INC.
5453 W. WATERS AVE., SUITE 101
TAMPA FL 33634
US

Mailing Address

PROGRESSIVE INSURANCE SERVICES, INC.
5453 W. WATERS AVE., SUITE 101
TAMPA FL 33634
US

3. Date Incorporated or Qualified: 04/25/1994

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip
24

Country
25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip
29

Country
30

4. FEI Number: 59-3230594 ☐ 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

~~WEBBER, ANDREW R~~
~~3750 GUNN HWY SUITE 2D~~
~~TAMPA FL 33624~~

10. Name and Address of New Registered Agent

81 Name: Joseph T. Bauer
82 Street Address (P.O. Box Number is Not Acceptable): 5453 West Waters Ave
83 Suite #101
84 City: Tampa FL 85 Zip Code: 33634

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 that position under 607.0505, Florida Statutes.

SIGNATURE: Joseph T. Bauer Joseph T. Bauer Pres. DATE: 4/16/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☑ DELETE	1.1 Title		☐ Change ☐ Addition
NAME	WEBBER, ANDREW R		1.2 Name		
STREET ADDRESS	4302 GUNN HWY #309		1.3 Street Address		
CITY-ST-ZIP	TAMPA FL 33624		1.4 City-St-Zip		
TITLE	~~VSD~~	☐ DELETE	2.1 Title	President	☑ Change ☐ Addition
NAME	BAUER, JOSEPH T		2.2 Name		
STREET ADDRESS	5737 A KING FISH DR.		2.3 Street Address		
CITY-ST-ZIP	LUTZ FL		2.4 City-St-Zip		33549
TITLE		☐ DELETE	3.1 Title		☐ Change ☐ Addition
NAME			3.2 Name		
STREET ADDRESS			3.3 Street Address		
CITY-ST-ZIP			3.4 City-St-Zip		
TITLE		☐ DELETE	4.1 Title		☐ Change ☐ Addition
NAME			4.2 Name		
STREET ADDRESS			4.3 Street Address		
CITY-ST-ZIP			4.4 City-St-Zip		
TITLE		☐ DELETE	5.1 Title		☐ Change ☐ Addition
NAME			5.2 Name		
STREET ADDRESS			5.3 Street Address		
CITY-ST-ZIP			5.4 City-St-Zip		
TITLE		☐ DELETE	6.1 Title		☐ Change ☐ Addition
NAME			6.2 Name		
STREET ADDRESS			6.3 Street Address		
CITY-ST-ZIP			6.4 City-St-Zip		

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)(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: Joseph T. Bauer Joseph T. Bauer 4/16/96 313-249-1549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)