

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000033876 (1)

1. Corporation Name

PROGRESSIVE PUBLISHING, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1994

4. FEI Number

59-3239301

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 or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 6990 LAKE ELLENOR DR

2a. Mailing Address

26 2535 SUCCESS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ORLANDO FL

City & State

28 ODESSA FL

Zip

24 32809

Country

25 ORANGE

Zip

29 33556

Country

30 PASCO

9. Name and Address of Current Registered Agent

JACOBS, RICHARD D.
10577 FEATHER SOUND DR.
SUITE 000
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name RICHARD W BAKER
82 Street Address (P.O. Box Number is Not Acceptable)
2535 SUCCESS DR
83
84 City ODESSA FL 85 Zip Code 33556

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 (NOTE: Registered Agent signature required when reinstating)

DATE 7/4/98

12. OFFICERS AND DIRECTORS

TITLE P
NAME CRADDOCK, JOHN
STREET ADDRESS 505 S. MAGNOLIA
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE S
NAME LYCAN, NANCY
STREET ADDRESS 505 S. MAGNOLIA
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME JOHN CRADDOCK
1.3 STREET ADDRESS 6990 LAKE ELLENOR DRIVE
1.4 CITY-ST-ZIP ORLANDO FL 32809

☒ Change ☐ Addition

2.1 TITLE S/D
2.2 NAME NANCY LYCAN
2.3 STREET ADDRESS 6990 LAKE ELLENOR DRIVE
2.4 CITY-ST-ZIP ORLANDO FL 32809

☒ Change ☐ Addition

3.1 TITLE AS
3.2 NAME J BOB HUMPHRIES
3.3 STREET ADDRESS 501 E. KENNEDY BLVD
3.4 CITY-ST-ZIP TAMPA FL 33602

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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.

SIGNATURE:

7-13-98 407815

CR2E034 (5/98)