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 # **P94000044135 (9)**

1. Corporation Name
PROGRESSIVE MANAGEMENT CONCEPTS INC.

Principal Place of Business
380 S. STATE ROAD 434, SUITE 1004-267
ALTAMONTE SPRINGS FL 32714

Mailing Address
380 S. STATE ROAD 434, SUITE 1004-267
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified: 06/14/1994
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
26 675 OAK Hollow Way
Suite, Apt. #, etc.
27
City & State
28 Altamonte Springs
Zip 29 32714 Country 30 US

4. FEI Number: 59-3249529 — 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
KAMPE, MARY JANE
380 S. STATE ROAD 434, SUITE 1004-267
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent
81 Name: MARY JANE Kampe
82 Street Address (P.O. Box Number is Not Acceptable): 675 OAK Hollow Way
83
84 City: Altamonte Springs FL 85 Zip Code: 32714

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: Mary Jane Kampe as President 2/28/96
Signature(s) for printed name of registered agent and title, if any (Note: Registered Agent signature is required for new or changed filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	KAMPE, MARY J	
STREET ADDRESS	380 S. STATE ROAD 434, SUITE 1004-267	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	V	☐ DELETE
NAME	RICHARDS, BRUCE	
STREET ADDRESS	611 HARROW COURT	
CITY-ST-ZIP	GAHANNA OH 43230	
TITLE	ST	☐ DELETE
NAME	KAMPE, RAY G	
STREET ADDRESS	675 OAK HALLOW WAY	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
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	P.	☒ Change ☐ Addition
1.2 NAME	Kampe Mary J.	
1.3 STREET ADDRESS	675 OAK Hollow Way	
1.4 CITY-ST-ZIP	Altamonte Springs FL. 32714	
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		

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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 if changed, or on an attachment with an address.

SIGNATURE: Mary Jane Kampe as President 2/28/96 407 292-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #