FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000047000 (2)

PROGRESSIVE RESEARCH, INC.

Principal Place	e of Business	Mailing Address	<u> </u>		
1403 WILLIAMS ROAD PLANT CITY FL 33585		P.O. BOX 2466 PLANT CITY FL 33564-2466			
		Δ		3. Date incorporated or Quali 06/20/1994	fied 3a. Date of Last Report 07/25/1996
2. Principal Place of Business 21 202 EAST Regulator 26 American			5 ABONE	4. FEI Number 59-3254033	Applied For Not Applicable
Suite, Apt. #, etc. 22 5 4 0 10 11 00 12 27				5. Certificate of Status Desire	d \$8.75 Additional Fee Required
City & State City & State 23 PLAT CITY, 28				6. Election Campaign Financi Trust Fund Contribution	ng \$5.00 May Be Added to Fees
Zip /	County 77/1CL	Zip 29	Country 30	8. This corporation has liabilit Florida Statutes	y for intergible tax under s. 199.032, Yes \(\square\) No
	9. Name and Address of Current	Registered Agent		10. Name and Address of Ne	w Registered Agent
SPARKMAN, MICHAEL B 1403 WILLIAMS ROAD 82 Street				ace (P.O. Box Number in Not Ace	PARLMIN epiable)
PLANT CITY FL 33565			83 2	02 EAST RE	SPOCK! STREET
			84 City	GUIN MOON	/ 85 Zip Cade/
			PU	415 City 12	" FL 32364
 Pursuant to office or re 	to the provisions of Sections 607.0507 egistered agent, of both, in the State m familiar with and accept the obliga	of Florida, 80ch change Was.	es, the above-named corp authorized by the econoral	oration submits this statement for ion's board of directors: Thereby:	the purpose of changing its registered accept the appointment as registered
agent. I ar	m familier with and accept the obliga	tions of Section 807,0503, Fix	oriota Statutos		
SIGNATURE	Signature, typed of printed name of registered ager	I and bit of applicable (NO)	Hegistered Agont signature requir	ed when re-retation)	04-30-97
12.	OFFICERS AND		13.		OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.9 TOLE	1.50.411 014	Change Addition
NAME	SPAKMAN, MICHAEL B		1.2 NAME	A DAMES OF A	101 CMS5
STREET ADDRESS	1403 WILLIAMS ROAD		1.3 STREET ADDRESS	202 E. Rayne	
CITY-ST-ZIP	PLANT CITY FL 33585		1.4 CiTY-ST-ZiP	ADPNESS ONLY 202 E. REYMO PLANT CITY	FIA 37566
TITLE		☐ DELETE	21 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2 4 City-St-ZiP		Observed the second sec
TITLE		F"] NETELE	3.1 TIFLE		L. Change L Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		- Detterie	4. 2 NAME		Change Manipur
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-St-ZiP		
TITLE	*	DELETE	5.1 MILE		Change Addition
NAME			5.2 NAME		J <u></u>
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY-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 hereb	by certify that the information supplied	with this filing does not quality	fy for the exemption stated	in Section 119.07(3)(i), Florida Si	atutes. I further certify that the
l am an of appears in	flicer or director of the comporation or n Block 12 or Block 13 if manged, or	the receiver or trustee empow on an atlachment with an add	vered to execute this reper	Tas required by Chapter 607, Flor	atutes. I further certify that the legal effect as if made under oath; that iida Statutes; and that my name