

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 # P94000057660 (0)

1. Corporation Name

PROGRESSIVE PROPERTIES OF VOLUSIA, INC.



Principal Place of Business

Mailing Address

3 PINE BLUFF TR
ORMOND BEACH FL 32174

3 PINE BLUFF TR
ORMOND BEACH FL 32174

3. Date Incorporated or Qualified
08/04/1994

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21 15 Beechwood LA.

26 SAME

4. FEI Number

59-3275354

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 PALM COAST FL

28

Zip

Country

Zip

Country

24 32137

25 FLA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERNACCHI, TIMOTHY C
3 PINE BLUFF TR
ORMOND BEACH FL 32174

81 Name

KEN NELSON

82 Street Address (P.O. Box Number is Not Acceptable)

15 BEECHWOOD LANE

83

PALM COAST FL 32137

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

Ken Nelson Ken Nelson Sec. Treas.

2/1/96

Signature of person named as registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME HAYNES, DAVE C
STREET ADDRESS 5 HOLLY RIDGE TR
CITY, ST, ZIP ORMOND BEACH FL 32174

TITLE VD ☐ DELETE

NAME BERNACCHI, TIMOTHY C
STREET ADDRESS 3 PINE BLUFF TR
CITY, ST, ZIP ORMOND BEACH FL 32174

TITLE STD ☐ DELETE

NAME NELSON, KEN
STREET ADDRESS 15 BEECHWOOD LN
CITY, ST, ZIP PALM COAST FL 32137

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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)(c), 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 in an attachment with an address.

SIGNATURE:

Ken Nelson Sec. Treas.

2/1/96

904-673-0855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)