

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

FILED

Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

15 BEECHWOOD LA
PALM COAST FL 32137
US

Mailing Address

3 PINE BLUFF TR
ORMOND BEACH FL 32174-4958

2. Principal Place of Business

21

2a. Mailing Address

26

15 Beechwood LA

Suite, Apt. #, etc.

27

City & State

Palm Coast FL

28

Zip

32137

29

Country

FLA

30

City

81

Name

82

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

83

City

84

Zip Code

85

FL

86

City

87

Zip Code

88

City

89

Zip Code

90

City

91

Zip Code

92

City

93

Zip Code

94

City

95

Zip Code

96

City

97

Zip Code

98

City

99

Zip Code

100

City

101

Zip Code

102

City

103

Zip Code

3. Date Incorporated or Qualified

08/04/1994

3a. Date of Last Report

03/05/1996

4. FEI Number

59-3275354

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

(Signature of Registered Agent or Director)

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAYNES, DAVE C	
STREET ADDRESS	5 HOLLY RIDGE TR	
CITY - ST - ZIP	ORMOND BEACH FL 32174	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERNACCHI, TIMOTHY C	
STREET ADDRESS	3 PINE BLUFF TR	
CITY - ST - ZIP	ORMOND BEACH FL 32174	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	NELSON, KEN	
STREET ADDRESS	15 BEECHWOOD LN	
CITY - ST - ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE:

(Signature and Typed or Printed Name of Signing Officer or Director)

Ken Nelson Sec. Treas. 1/23/97 (904) 445-0524

Date

Daytime Phone #

CR2E034 (9/96)