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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400059940 (4)

PROGRESSIVE HOME BUILDERS. INC.

## **FILED** May 06 1997 8:00am Secretary of State

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| Principal Place of Business Mailing Address |  |                                    |                       |   | f 1083/20f tile 1011) atbit datit anns anns anns anns abitt osatt ass |  |                  |               |               |  |
|---|--|------------------------------------|-----------------------|---|---|--|------------------|---------------|---------------|--|
| 425 8 CHICKAS                               | SAW TRAIL  |                                    | 425 S CHICKASAW TRAIL |   |   |  |                  |               |               |  |
| SUITE 178                                   | and d  | SUITE 176<br>ORLANDO FL 32825-7852 |                       |   |   |  |                  |               |               |  |
| ORLANDO FL S                                | even   | US                                 | •                     |   |   | 3. Date Incorporated or Qualified  | <b>3a.</b> Da    | ite of Last R | eport         |  |
| 00  |  |                                    |                       |   |   | 08/15/1994   |                  | 26/1996       | '             |  |
| 2. Principal P                              | lace of Business   | 2a. Mailing Address                |                       |   |   | 4. FEI Number  |                  |               | oplied For    |  |
| 21  |  | 26                                 |                       |   | 59-3262421  | Not Applicable   |                  |               |               |  |
| Suite, Apt.                                 | #, etc.  | Suite, Apt. #, etc.                | Suite, Apt. #, etc.   |   |   | 5. Certificate of Status Desired   |                  |               | Additional    |  |
| 22  |  | 27                                 |                       |   | 5. Certificate of Status Desired                                      | Fee Required   |                  |               |               |  |
| City & State                                | 9  | City & State                       |                       |   | 6. Election Campaign Financing \$5.00 May Be                          |  |                  |               |               |  |
| 23  |  | 28                                 |                       |   | Trust Fund Contribution Added to Fees                                 |  |                  |               |               |  |
| Zip Country                                 |  | Zip Country                        |                       |   |   | 8. This corporation has liability for intengible tax under s. 199.032,           |                  |               |               |  |
| 24  | 25 29 30 30 29 Name and Address of Current Registered Agent      |                                    |                       | f lorida Statutes   X Yes  No  10. Name and Address of New Registered Agent |   |  |                  |               |               |  |
|   |  | Hegistered Agent                   |                       | 81  | Name  | 10. Name and Address of New He   | gistered         | - Agent       |               |  |
|   | MES, N DIANE   |                                    |                       | ٠'  |   |  |                  |               |               |  |
|   | MAGNOLIA AVE SUTIE 409   |                                    | Ī                     | 82  | Street Add  | ress (P.O. Box Number is Not Accepta   | ole)             |               |               |  |
| ORL   | ANDO FL 32803  |                                    | -                     | 83  |   |  |                  |               |               |  |
|   |  |                                    |                       | 63  |   |  |                  |               |               |  |
|   |  |                                    | r                     | 84  | City  |  | FL               | <b>85</b> Zip | Code          |  |
|   |  |                                    |                       |   |   | poration submits this statement for the tion's board of directors. I hereby acce |                  |               |               |  |
| SIGNATURE                                   | Signature, typed or printed minus of registered age OFTICERS AND |                                    | OIE: Rog stered       | l Age   | n! signaturo requ   | ired when reinstating)  ADDITIONS/CHANGES TO OFFI                                | DATE<br>DERS AND | DIRECTOR      | RS IN 12      |  |
| TITLE                                       | P  | DILFIE                             | 1.1 10                | LF  |   |  |                  | Change        | Addition      |  |
| NAME  | KEY, ALBERT R  |                                    | 1,2 NA                | M[  |   |  |                  |               |               |  |
| STREET ADDRESS                              | 425 S. CHICKASAW TRAIL #17                                       | 76                                 | 1.3 \$1               | REE1  | ADDRESS   |  |                  |               |               |  |
| CITY-ST-ZIP                                 | ORLANDO FL 32825   |                                    | 1.4 01                | IY-\$   | I - ZIP   | · · · · · · · · · · · · · · · · · · ·  |                  |               |               |  |
| TITLE                                       | V  | DELETE                             | 2.1 111               | 2.1 TRILE   |   |  |                  | ☐ Change      | Addition      |  |
| NAME  | CARROLL, RONNIE  |                                    | 2.2 NA                | ME  |   |  |                  |               |               |  |
| STREET ADDRESS                              | 425 S CHICKASAW TRAIL #17  | 6                                  | 2.3 \$1               | R <b>E</b> ET   | ADDRESS   |  |                  |               |               |  |
| CITY-ST-ZIP                                 | ORLANDO FL 32825   |                                    | 2 4 0                 | TY-   | ST - ZIP  |  |                  | <u> </u>      |               |  |
| TITLE                                       | V  | DELETE                             | - 3.1 TII             |   | -   | . :  |                  | Change        | Addition      |  |
| NAME  | GRAY, BARRY  |                                    | 3,2 NA                |   |   |  |                  |               |               |  |
| STREET ADDRESS                              | 425 S CHICKASAW TRAIL #17  | <b>'6</b>                          |                       |   | ADDRESS   |  |                  |               |               |  |
| CITY-ST-ZIP                                 | ORLANDO FL 32825   | The state                          | 3,4 CIT               |   | ST-ZIP  |  |                  | TT Change     | Addition      |  |
| TITLE                                       | ST CARROLL CTARRY  | ☐ DELETE                           | 4.1 1                 |   |   |  |                  | Change        | L_1 Addition  |  |
| NAME  | CARROLL, STACEY  | 14                                 | . 4. 2 N              |   |   |  |                  |               |               |  |
| STREET ADDRESS                              | 425 S CHICKASAW TRAIL #17  | Ø                                  |                       |   | ADDRESS   |  |                  |               |               |  |
| CITY-ST-ZIP                                 | ORLANDO FL 32825   | DELETE                             |                       |   | ST-ZIP  |  |                  | Charige       | Addition      |  |
| TITLE                                       |  | [_] DETELE                         | 5170                  |   |   |  |                  | CT Olianda    | ויטוווטוז בבן |  |
| NAME  |  |                                    | 52 N/                 |   | ADDUCCO   |  |                  |               |               |  |
| STREET ADDRESS                              |  |                                    |                       |   | ADDRESS   |  |                  |               |               |  |
| CITY-ST-ZIP                                 |  | DELETE                             | 5.4 C)<br>6.1 TI      |   | ST · ZIP  |  |                  | ☐ Change      | Add-tion      |  |
| TITLE                                       |  |                                    | 6.1 II                |   | -   |  |                  | Similar       |               |  |
| NAME<br>CORET ADDRESS                       |  |                                    |                       |   | ADDRESS   |  |                  |               |               |  |
| STREET ADDRESS                              |  |                                    |                       |   | S1-ZIP  |  |                  |               |               |  |
| CITY-ST-ZIP                                 |  |                                    | ■ 6.4 CI              | 11-3  | 31-711  | -15- C4 440 07/07/0 Florido Cial 4   |                  |               |               |  |

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 eath; 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. 299-6446