

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

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97 SEP 15 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000060387 (5)

1. Corporation Name

PROGRESSIVE AUTO PRO INSURANCE COMPANY

Principal Place of Business  
3802 COCONUT PALM DRIVE  
TAMPA FL 33619

Mailing Address  
3802 COCONUT PALM DRIVE  
TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/12/1994

3a. Date of Last Report  
04/25/1996

4. FET Number  
59-3213815

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

STATE TREASURER AND INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81 Name

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

83

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME LEWIS, PETER B  
STREET ADDRESS 6300 WILSON MILLS RD.  
CITY-ST-ZIP MAYFIELD VILLAGE OH ☐ DELETE

TITLE TD  
NAME CHOKEL, CHARLES B  
STREET ADDRESS 6300 WILSON MILLS RD.  
CITY-ST-ZIP MAYFIELD VILLAGE OH ☐ DELETE

TITLE PD  
NAME MCMILLAN, ROBERT J  
STREET ADDRESS 3802 COCONUT PALM DR.  
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE SD  
NAME SCHNEIDER, DAVID M  
STREET ADDRESS 6300 WILSON MILLS RD.  
CITY-ST-ZIP MAYFIELD VILLAGE OH ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 44143

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 600002297415  
2.4 CITY-ST-ZIP -03/18/97-01103-009  
\*\*\*\*165.00 \*\*\*\*165.00  
44143

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP 33619

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 44143

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

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 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (4/97)

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**PROGRESSIVE**

6300 WILSON MILLS ROAD  
MAYFIELD VILLAGE, OH 44143  
<http://www.auto-insurance.com>  
216 461-5000

September 9, 1997

Annual Reports Filings  
Division of Corporations  
P O. Box 6327  
Tallahassee, Florida 32314

Re: 1997 Profit Corporation Annual Report

Dear Sir/Madam:

Enclosed please find the 1997 annual reports along with the corresponding filing fee payments for the following Florida domiciled companies:

Progressive Consumers Insurance Company  
Progressive Auto Pro Insurance Company  
Progressive Express Insurance Company

Per my conversation with your Annual Report department on 9/4/97, I am enclosing the annual report filing fee of \$165.00 for each company. I am requesting that the late fee be waived considering we had not received the original filing notice that was mailed in February.

If you have any questions, please feel free to contact me at (216) 446-7245.

Sincerely,

*Christine Curtis*

Christine Curtis  
Statutory Accountant

Enclosure