

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90051 011 ***150.00

DOCUMENT # P94000060387

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

4. FEI 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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D LEWIS, PETER B**
STREET ADDRESS **6300 WILSON MILLS RD.**
CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

TITLE ☐ DELETE
NAME **AVP CHOKEL, CHARLES B**
STREET ADDRESS **6300 WILSON MILLS RD.**
CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

TITLE ☐ DELETE
NAME **PD LEWIS, DANIEL R**
STREET ADDRESS **8881 NW 18TH TERR**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ DELETE
NAME **SD SCHNEIDER, DAVID M**
STREET ADDRESS **6300 WILSON MILLS RD.**
CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

TITLE ☐ DELETE
NAME **ATVP DOLOHANTY, JANET A**
STREET ADDRESS **6300 WILSON MILLS RD**
CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

TITLE ☐ DELETE
NAME **AS CERNY, KATHLEEN M**
STREET ADDRESS **6300 WILSON MILLS RD**
CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

DC

☒ Change ☐ Addition

2.1 TITLE
22 NAME
23 STREET ADDRESS
2.4 CITY-ST-ZIP

T

☐ Change ☒ Addition

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
52 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
62 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: **JDX**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/2/99

Daytime Phone #

CR2E034 (1/98)

0394890