


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

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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90051 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/12/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3213815	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
STATE TREASURER AND INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D LEWIS, PETER B	1.2 NAME	DC
STREET ADDRESS	6300 WILSON MILLS RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AVP CHOKEL, CHARLES B	2.2 NAME	T
STREET ADDRESS	6300 WILSON MILLS RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD LEWIS, DANIEL R	3.2 NAME	
STREET ADDRESS	8881 NW 18TH TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD SCHNEIDER, DAVID M	4.2 NAME	
STREET ADDRESS	6300 WILSON MILLS RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATVP DOLOHANTY, JANET A	5.2 NAME	
STREET ADDRESS	6300 WILSON MILLS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AS CERNY, KATHLEEN M	6.2 NAME	
STREET ADDRESS	6300 WILSON MILLS RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	6.4 CITY-ST-ZIP	

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]* **2/2/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)