FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:26

DOCUMENT # **P94000060430 (3)**

1. Corporation Name
PROGRESSIVE EXPRESS INSURANCE COMPANY

Principal Place of Business	Mailing Address
3802 COCONUT PALM DRIVE TAMPA FL 33619	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:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-3213719 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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 _____ 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	D	11 TITLE		☐ Change ☐ Addition
NAME	LEWIS, PETER B	12 NAME		
STREET ADDRESS	27500 CEDAR ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	BEACHWOOD OH 44122	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	D/T	☑ Change ☐ Addition
NAME	LEWIS, DANIEL R	22 NAME		
STREET ADDRESS	20 LAUREL COURT	23 STREET ADDRESS		
CITY-ST-ZIP	MORELAND HILLS OH 44022	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	CHOKEL, CHARLES B	32 NAME		
STREET ADDRESS	2613 BUTTERWING	33 STREET ADDRESS		
CITY-ST-ZIP	PEPPER PIKE OH 44124	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D/T	☑ Change ☐ Addition
NAME	MCMILLAN, ROBERT J	42 NAME		
STREET ADDRESS	809 ORLEANS AVE	43 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D/S	☑ Change ☐ Addition
NAME	SCHNEIDER, DAVID M	52 NAME		
STREET ADDRESS	2767 BELGRAVE ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	PEPPER PIKE OH 44124	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, added or deleted.

SIGNATURE: D. M. Schneider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0290303 CP