

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 25 1996 8:00 am
Secretary of State

DOCUMENT # P94000060430 (3)

1. Corporation Name

PROGRESSIVE EXPRESS INSURANCE COMPANY

Principal Place of Business

3802 COCONUT PALM DRIVE
TAMPA FL 33619

Mailing Address

3802 COCONUT PALM DRIVE
TAMPA FL 33619



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

3. Date Incorporated or Qualified

08/12/1994

3a. Date of Last Report

05/01/1995

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

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

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	D	<input type="checkbox"/> DELETE
NAME	LEWIS, PETER B	
STREET ADDRESS	27500 CEDAR ROAD	
CITY - ST - ZIP	BEACHWOOD OH 44122	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, DANIEL R	
STREET ADDRESS	20 LAUREL COURT	
CITY - ST - ZIP	MORELAND HILLS OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHOKEL, CHARLES B	
STREET ADDRESS	2613 BUTTERWING	
CITY - ST - ZIP	PEPPER PIKE OH 44124	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCMILLAN, ROBERT J	
STREET ADDRESS	809 ORLEANS AVE	
CITY - ST - ZIP	TAMPA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, DAVID M	
STREET ADDRESS	2767 BELGRAVE ROAD	
CITY - ST - ZIP	PEPPER PIKE OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6300 Wilson Mills Rd.
1.4 CITY - ST - ZIP	Mayfield Village, OH 44143
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6300 Wilson Mills
2.4 CITY - ST - ZIP	Mayfield Village OH 44143
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	6300 Wilson Mills Rd.
3.4 CITY - ST - ZIP	Mayfield Village, OH 44143
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	3802 Coconut Palm Dr.
4.4 CITY - ST - ZIP	Tampa, FL 33619
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	6300 Wilson Mills Rd
5.4 CITY - ST - ZIP	Mayfield Village, OH 44143
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David M. Schneider

Date

4/18/96

Daytime Phone #

216-446-7870

CR2E034 (12/95)