

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 *pg. 10/2*

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

97 SEP 15 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000060430 (3)

1. Corporation Name
PROGRESSIVE EXPRESS INSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

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

25

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
04/25/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 100002297421-5

-09/18/97-01103-012

84 City ****165.00

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

TITLE DT
NAME LEWIS, DANIEL R
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 DP
NAME MCMILLAN, ROBERT J
STREET ADDRESS 3802 COCONUT PALM DR.
CITY-ST-ZIP TAMPA FL ☐ DELETE

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Director
2.2 NAME 8881 NW 18th Terrace
2.3 STREET ADDRESS Miami, FL
2.4 CITY-ST-ZIP 33172

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 44143

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 33619

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 44143

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