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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000020223 (0)

PROGOLD WORKABLES, INC.

FILED May 05 1998 8:00am Secretary of State



Dinala d Dia							
Principal Place of Business Mailing Address					* 100 100 100 100 100 100 100 100 100 10		
4251 34TH STREET N. 4251 34TH STREET N. 5T. PETERSBURG FL 33714 ST. PETERSBURG FL 33714			_				
SI. PETERR	SBUNG PL 33/14	SI. PETERSBURG FL 3371	ST. PETERSBURG FL 33714			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	_
						03/15/1995	
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number Applied For	\dashv
21		26			59-3382871 Not Applicat	ble	
Suite, Ap	it. #, etc.	Suite, Apt. #, etc.				SR 75 Additional	
22		27			5. Certificate of Status Desired Fee Required		
	City & State City & State					6. Election Campaign Financing \$5.00 May Be	
23		26			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the current year Intangible	
24	25		ю			Personal Property Tax due June 30. Yes No	_
9. Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered Agent	\dashv
FYVOLENT, DOUGLAS S 4251 34TH STREET N.				B1	14000		ŀ
			82	Street Addre	ress (P.O. Box Number is Not Acceptable)		
ST. PETERSBURG FL 33714			f	83			\dashv
				84	City	■■ 85 Zip Code	\dashv
44 Pureuso	t to the provisions of Sections 507.05	22 and 607 1500 Florida Ptot to				FL S 24 Code	ᆜ
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 AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ヿ
TOTLE	D	DELETE	1.1 TIT	LE		Change Additi	on
NAME	FYVOLENT, DAVID B		1.2 NA	ME			
STREET ADDRESS			1.3 STF	REET A	DDAESS		ı
CITY-ST-ZIP	ST. PETERSBURG FL 33714		1.4 CIT	Y-ST-	·ZIP]
TITLE	D	☐ DELETE	2.1 (1)	LE		☐ Change ☐ Additi	on]
NAME	FYVOLENT, DOUGLAS S		2.2 NAJ	ME			
STREET ADDRESS	1		2.3 STF	REET A	DORESS		
CITY-SY-ZIP	ST. PETERSBURG FL 33714		2.4 CIT		- ZIP		
TITLE		☐ DELETE	3.1 TITLE			Change Additi	Dπ
NAME			3.2 NA				
STREET ADDRESS			8		DORESS		- 1
CITY-ST-ZIP TITLE	DELETE			3.4. CiTY-ST-ZiP			_
NAME		☐ otreit	4.1 TITE 4 2 NA			Change Addition	on ∤
STREET ADDRESS			4.3 STR		DDDECC		- 1
CITY-ST-ZIP			4.4 CIT				
TITLE		DELETE	5.1 TITL		ZIF	Change Addition	
NAME			5.2 NAM			Em Comigo Em Manin	
STREET ADDRESS			5.3 STR		DORESS		
CITY-ST-ZIP			5.4 CIT				
TITLE		DELETE	6.1 TITL			Change Addition	on
NAME			6.2 NAN	V E			
STREET ADDRESS			6.3 STR	EET AC	OORESS		
CITY-ST-ZIP			6.4 CITY	Y-ST-	ZIP		-
44 harab	and the state of t	the second secon					

increase 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 arnual 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.

(813) 522-5020