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FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000054642 (0)

1. Corporation Name
PROGRESSIVE COMPUTER CONCEPTS, INC.



Principal Place of Business

1387 CASSAT AVE
JACKSONVILLE FL 32205

Mailing Address

1387 CASSAT AVE
JACKSONVILLE FL 32205-7084

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

07/12/1995

3a. Date of Last Report

03/21/1996

4. FEI Number

59-3332471

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

BERG, REBECCA L
701 FISK STREET STE 310
JACKSONVILLE FL 32204

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

Signature of typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOYNER, DAVID K	
STREET ADDRESS	7807 JANA LN S	
CITY - ST - ZIP	JACKSONVILLE FL 32210	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KERLEY, LARRY E	
STREET ADDRESS	9845 BAYMEADOWS RD	
CITY - ST - ZIP	JACKSONVILLE FL 32256	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILSON, JOHN M	
STREET ADDRESS	8104 KILWINNING LN	
CITY - ST - ZIP	JACKSONVILLE FL 32244	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	YOUNG, WILLIAM B JR.	
STREET ADDRESS	5014 RUE ST	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NASR, JAMIL F	
STREET ADDRESS	8180 FORT LEE TR	
CITY - ST - ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KEENEY, CAROLINE P	
STREET ADDRESS	3537 FITCH ST	
CITY - ST - ZIP	JACKSONVILLE FL 32205	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lester Hightower	
1.3 STREET ADDRESS	6710 Collins Road #203	
1.4 CITY - ST - ZIP	Jacksonville, FL 32244	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 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:

Caroline P. Keeney

Caroline P. Keeney 4/22/97 904-381-5914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)