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Mar 19 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 # P95000082935 (4)

1. Corporation Name
PROGRESSIVE CONSULTING GROUP, INC.



Principal Place of Business
22 ACACIA STREET
TARPON SPRINGS FL 34689

Mailing Address
22 ACACIA STREET
TARPON SPRINGS FL 34689-3102

3. Date Incorporated or Qualified 10/26/1995	3a. Date of Last Report 03/28/1996
4. FEI Number 59-3348615	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. P.O. Box 758
22. City & State	27. Suite, Apt. #, etc.
23. City & State	28. TARPON SPRINGS FL
24. Zip	29. 34688
25. Country	30. USA

9. Name and Address of Current Registered Agent
DRIS, NIKI
22 ACACIA ST
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent
81. Name Michael Dris
82. Street Address (P.O. Box Number is Not Acceptable) 3396 Pinnacle Court S.
83.
84. City Palm Harbor
85. Zip Code 34684

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]* (NOTE: Registered Agent signature required when reinstating) DATE 2-25-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	DRIS, KALIOPE	1.2 NAME	
STREET ADDRESS	22 ACACIA STREET	1.3 STREET ADDRESS	
CITY-STATE-ZIP	TARPON SPRINGS FL 34689	1.4 CITY-STATE-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	TRIPODIS, CHRISTINE	2.2 NAME	
STREET ADDRESS	305 E. 60TH DRIVE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MERRILLVILLE IN 46410	2.4 CITY-STATE-ZIP	
TITLE	DO	3.1 TITLE	☐ Change ☐ Addition
NAME	DRIS, NIKI	3.2 NAME	
STREET ADDRESS	22 ACACIA ST	3.3 STREET ADDRESS	
CITY-STATE-ZIP	TARPON SPRINGS FL	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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: *Kaliope Dris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-97 (813) 934-8805
Date Daytime Phone #

CR2E034 (9/96)