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**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90146 013 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000082935**

1. Corporation Name

**PROGRESSIVE CONSULTING GROUP, INC.**

Principal Place of Business

**22 ACACIA STREET  
TARPON SPRINGS FL 34689**

Mailing Address

**P.O. BOX 458  
TARPON SPRINGS FL 34688  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/26/1995**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

**21 2469 Enterprise Road**

2a. Mailing Address

**26 2469 Enterprise Road**

Suite, Apt. #, etc.

**22 Suite B**

Suite, Apt. #, etc.

**27 Suite B**

City & State

**23 Clearwater, Florida**

City & State

**28 Clearwater, Florida**

Zip Country

**24 33763 25 U.S.A.**

Zip Country

**29 33763 30 U.S.A.**

9. Name and Address of Current Registered Agent

**DRIS, MICHAEL  
3396 PINNACLE COURT S  
PALM HARBOR FL 34684**

10. Name and Address of New Registered Agent

**81 Name  
Michael E. Dris, Esq.**

**82 Street Address (P.O. Box Number is Not Acceptable)  
2469 Enterprise Road**

**83 Suite B**

**84 City  
Clearwater**

**FL**

**85 Zip Code  
33763**

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

**Michael E. Dris**

**3/1/99**

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** ☐ DELETE

NAME **DRIS, KALIOPE**  
STREET ADDRESS **22 ACACIA STREET**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **D** ☐ DELETE

NAME **DRIS, MICHAEL E**  
STREET ADDRESS **29 N. PINELLAS AVE**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

**Michael E. Dris**

**3/1/99**

**(727) 712-9121**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)