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FILED
May 12 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 # **P96000057785 (3)**

1. Corporation Name
**PROGRESSIVE TELECOMMUNICATIONS CORP.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2499 OLD LAKE MARY ROAD<br>#126<br>SANFORD FL 32771 | 2499 OLD LAKE MARY ROAD<br>#126<br>SANFORD FL 32771-4183 |

3. Date Incorporated or Qualified: 07/08/1996
3a. Date of Last Report:

2. Principal Place of Business
21 794 Big Tree Dr
22 Suite, Apt. #, etc. 102
23 City & State: Longwood FL
24 Zip: 32750 25 Country: Seminole

2a. Mailing Address
26 P.O. Box
27 Suite, Apt. #, etc. 520334
28 City & State: Longwood FL
29 Zip: 32752 30 Country: Seminole

4. FEI Number: 59-3402169 ☐ 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**

SHEVLIN, BARRY
2499 OLD LAKE MARY ROAD
#126
SANFORD FL 32771

**10. Name and Address of New Registered Agent**

81 Name: Barry L. Shevlin
82 Street Address (P.O. Box Number is Not Acceptable): 794 Big Tree Dr #102
83
84 City: Longwood FL 85 Zip Code: 32750

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: Barry L. Shevlin — Barry L. Shevlin — 4/1/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | THOMPSON, ROBERT | | 1.2 NAME | | |
| STREET ADDRESS | 2499 OLD LAKE MARY RD, #126 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SANFORD FL 32771 | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SHEVLIN, BARRY | | 2.2 NAME | | |
| STREET ADDRESS | 2499 OLD LAKE MARY RD, #126 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SANFORD FL 32771 | | 2.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

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: Barry L. Shevlin — Barry L. Shevlin — 407-834-4343