FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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
2499 OLD LAKE MARY ROAD
#126
SANFORD FL 32771

Mailing Address
2499 OLD LAKE MARY ROAD
#126
SANFORD FL 32771-4193

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

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

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

TITLE	D	☐ DELETE
NAME	THOMPSON, ROBERT	
STREET ADDRESS	2499 OLD LAKE MARY RD, #126	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	☐ DELETE
NAME	SHEVLIN, BARRY	
STREET ADDRESS	2499 OLD LAKE MARY RD, #126	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 — 407-834-4343