SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMON AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000080911 (6)

PROGRESSIVE PERSONNEL INC.

7044 W HILLSBOROUGH AVE P.O. BOX 21583 P.O.BOX 21583 TAMPA FL 33622-1583 DO NOT WRITE IN THIS SPACE TAMPA FL 33622-1583 3. Date Incorporated or Qualified 09/30/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 <u>59-3405123</u> Not Applicable Suite, Apt. #, etc, Suite, Apt. #, etc \$8.75 Additional K5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Zip Country 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WASHINGTON, SHAWANDA BELL, MICHAEL A.

Street Address (P.O. Box Number is Not Acceptable) 4307 W. MAIN STREET 82 **TAMPA FL 33607** 18230 DOLLYBROOK ĹN. 83 Zip Code 33549 84 LUTZ 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, and accept the obligations of section 607.0505, Florida Statutes. Michael Bel Pasadest SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. XX DELETE 1.1 TITLE TITLE Change 😿 Addition PRESIDENT WASHINGTON, SHAWANDA 1.2 NAME NAME BELL, MICHAEL A. 4307 W. MAIN STREET 1.3 STREET ADDRESS STREET ADDRESS 18230 DOLLYBROOK LN. TAMPA FL 33607 CITY-ST-ZIE 1.4 CITY-ST-ZIP LUTZ, FL. 33549 2.1 TITLE TITLE DELETE Change K Addition 2.2 NAME NAME BELL, MELVIN J. STREET ADDRESS 2.3 STREET ADDRESS 9302 ATTENBURY DR. CITY-ST-ZIF 2.4 CITY-ST-ZIP TAMPA, FL. 33615 3.1 TITLE TITLE _ DELETE L Change Addition 3.2 NAME NAME BELL, TOMMY A. 3.3 STREET ADDRESS STREET ADDRESS 8649 N. HIMES AVE. 3.4 CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL. 33614 4.1 TITLE TITLE DELETE Addition Change NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE TITLE DELETE

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 opportation 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 granger, or on an altachment with appeddress.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CR2E034 (5/98)

FILED

Sep 09 1998 8:00am

Secretary of State

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