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Apr 28 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 # P96000095882 (2)

1. Corporation Name
PROGRESSIVE RECOVERY, INC.

Principal Place of Business

1186 OCEAN SHORE BLVD
SUITE 195
ORMOND FL 32176

Mailing Address

1186 OCEAN SHORE BLVD
SUITE 195
ORMOND FL 32176-3730



3. Date Incorporated or Qualified 11/25/1996
3a. Date of Last Report

2. Principal Place of Business

21 520 CIDCO RD.

2a. Mailing Address

26 229 520 CIDCO RD.

4. FEI Number

31-1485127

Applied For

Not Applicable

Suite, Apt. #, etc.

22 COCA 1, FL

Suite, Apt. #, etc.

27 COCA 1, FL

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 32926 U.S.A.

City & State

28 32926 USA

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24 25

Zip

Country

29 30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

OSTER, RICHARD
C/O BUSINESS FILINGS
1186 OCEAN SHORE BLVD., SUITE 195
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent

81 Name CRAIG A. YODER
82 Street Address (P.O. Box Number is Not Acceptable)
229 SEAFORT BLVD.
83 CAPE CANAVERAL, FL 32926
84 City FL 85 Zip Code

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 Craig A. Yoder

(NOTE: Registered Agent signature required when reappointing)

DATE

4/21/97

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SAMUEL RAY DETTRA	
1.3 STREET ADDRESS	23063 Bolender Pontius Rd.	
1.4 CITY - ST - ZIP	Circleville, Ohio, 43113	
2.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STEPHAN J. JARWANT	
2.3 STREET ADDRESS	26791 LUDWIG - DRESDACH RD	
2.4 CITY - ST - ZIP	CINCINNATI OH 43113	
3.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CRAIG A. YODER	
3.3 STREET ADDRESS	229 SEAFORT BLVD.	
3.4 CITY - ST - ZIP	CAPE CANAVERAL, FL 32929	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - 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: CRAIG A. YODER PRESIDENT 4/21/97 632-6841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000200

CR2E034 (9/96)