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FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90034 030 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000095882

1. Corporation Name

PROGRESSIVE RECOVERY, INC.

Principal Place of Business

520 CIDCO RD
COCOA FL 32926
US

Mailing Address

520 CIDCO RD
COCOA FL 32926
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1996

4. FEI Number

31-1485127

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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

YODER, CRAIG A
229 SEAPORT BLVD
CAPE CANAVERAL FL 32926

10. Name and Address of New Registered Agent

81 Name

YODER, CRAIG A.

82 Street Address (P.O. Box Number is Not Acceptable)

2131 INDIAN RIVER DRIVE

83

84 City

COCOA

FL

85

Zip Code

32926

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/99

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE
NAME DETTRA, SAMUEL RAY
STREET ADDRESS 23063 BOLONDER PONTIUS RD
CITY-ST-ZIP CIRCLEVILLE OH

TITLE T ☐ DELETE
NAME SARGENT, STEPHEN S
STREET ADDRESS 26791 LUDWEL DRESBACH RD
CITY-ST-ZIP CIRCLEVILLE OH

TITLE P ☐ DELETE
NAME YODER, CRAIG A
STREET ADDRESS 229 SEAPORT BLVD
CITY-ST-ZIP CAPE CANAVERAL FL

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 S ☒ Change ☐ Addition
1.2 NAME DETTRA, SAMUEL RAY
1.3 STREET ADDRESS 3690 SAVANNAH TRAIL
1.4 CITY-ST-ZIP MARRITISLAND, FL 32953

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE P ☒ Change ☐ Addition
3.2 NAME CRAIG A. YODER
3.3 STREET ADDRESS 2131 INDIAN RIVER DRIVE
3.4 CITY-ST-ZIP COCOA, FL 32922

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99

(407) 632-6341

Date Daytime Phone #

CR2E034 (11/98)

0111671