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FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000096470 (4)**
1. Corporation Name
PREFERRED MANAGING AGENCY, INC.

Principal Place of Business
**810 THOMASVILLE ROAD
TALLAHASSEE FL 32303**

Mailing Address
**810 THOMASVILLE ROAD
TALLAHASSEE FL 32303**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/12/1997

4. FEI Number
59 3480242

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOX, RICHARD N JR
101 N GADSDEN STREET
TALLAHASSEE FL 32301**

81 Name

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

83

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

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 ☒ DELETE
NAME **D RICE, C. FREDERICK**
STREET ADDRESS **4213 SNOWBERRY LANE**
CITY-ST-ZIP **NAPLES FL 34119**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D SHAW, ROBERT T**
STREET ADDRESS **784 HARRINGTON LAKE DR N**
CITY-ST-ZIP **VENICE FL 34293**

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

TITLE ☐ DELETE
NAME **D PATTERSON, JAMES A**
STREET ADDRESS **580 S OCEAN BLVD**
CITY-ST-ZIP **PALM BEACH FL 33480**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D GRAGANELLA, JAMES**
STREET ADDRESS **9984 BUCK POINT RD**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D TREADWAY, DOUGLAS**
STREET ADDRESS **300 TIMBERLANE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

5.1 TITLE ☒ Change ☒ Addition
5.2 NAME **PRESIDENT/SECRETARY/DIRECTOR**
5.3 STREET ADDRESS **TREADWAY, DOUGLAS**
5.4 CITY-ST-ZIP **300 TIMBERLANE ROAD**
TALLAHASSEE FL 32312

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE:

[Signature]

DOUGLAS TREADWAY 4/21/98

850.621.0742

CR2E034 (10/97)