

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 MAY -1 PM 2:55

DOCUMENT # 466674 (9)

1. Corporation Name

PREFERRED BUSINESS SYSTEMS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1144 BOULEVAR DE PALMAS
MARATHON FL 33050
US

Mailing Address

1144 BOULEVAR DE PALMAS
MARATHON FL 33050
US

DO NOT WRITE IN THIS SPACE:

3. Date Incorporated or Qualified

12/27/1974

3a. Date of Last Report

07/20/1994

4. FEI Number

59-1576202

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees9. This corporation has liability for intangible tax under § 100.030,
Florida Statutes☐ Yes☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

BARTON, PHILIP
200 N.E. FIRST ST.
GAINESVILLE FLORIDA

10. Name and Address of New Registered Agent

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 the if applicable

(NOTE: Registered Agent signature required when mandating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE PV
2. NAME CREHORE, JON F.
3. STREET ADDRESS 4501 N.W. SHERWOOD TRACE
4. CITY, ST, ZIP GAINESVILLE FL5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP21. TITLE
22. NAME
23. STREET ADDRESS
24. 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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), 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:

Jon Crehore, JON CREHORE PV

4-28-95 305-287-7255