FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 846815

(9)

PRESIC	DENTIAL DEVELOPMENT CO	` '			
Principal Place of Business Mailing Address			······································		.101 3 1301 01311 01011 01011 01011 01011 1301
6801 WEST B RICHMOND V	ROAD STREET A 23230-1701	6601 WEST BROAD STR RICHMOND VA 23230-17			·
				3. Date incorporated or Qualified 08/26/1980	3a. Date of Last Report 03/29/1996
· ·	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	4 010	26 Culto Apt III ata		54-6049480	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, 22 27		Sulte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25	29	30	_ 1 · · · · · · ·	Yes No
	9, Name and Address of Current		041 11	10, Name and Address of New Re	gistered Agent
	RPORATION SERVICE COMPANY		B1 Name		
)1 HAYES STREET		82 Street Addr	ess (P.O. Box Number is Not Acceptab	ile)
IAI	LLAHASSEE FL 32301		83		
			84 City		FL 85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obliga	and 607.1508, Florida Statut of Florida. Such change was tions of, Section 607.0505, Fl	ies, the above-named corp authorized by the corporat orida Statutes.	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	0.07	E: Registered Agent signature requir		DATE
12.	OFFICERS AND		E: Ritgistore Agent signature requir	ADDITIONS/CHANGES TO OFFICE	
TITLE	V	DELETE	1.1 TITLE		Change Addition
NAME	SAVEDGE, HENRY S. JR.		1.2 NAME		
STREET ADDRESS	6601 W. BROAD STREET		1.3 STREET ADDRESS		
CITY-\$T-ZIP	RICHMOND VA 23230-1701		1.4 CiTY-ST-ZIP		
TITLE	PD	☐ DELETE	21 THLE		Change Addition
NAME	NOONAN, JOHN M.		2.2 NAMF		
STREET ADDRESS	6603 WEST BROAD ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA		2. 4 CITY - ST - 7IP		
TITLE	JACKSON, FREDERICK C.	☐ DELETE	3.1 TITLE		Change Addition
NAME OVERTO ADDRESS	6601 WEST BROAD STREET		3.2 NAME		
STREET ADDRESS	RICHMOND VA		3.3 STREET ADDRESS		ı
CITY-ST-ZIP TITLE	AS	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	DABNEY, DONNA C		4.2 NAME		
STREET ADDRESS	6601 WEST BROAD STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA		4.4 CITY - S1 - ZIP		
TITLE	VQC	DELETE	5.1 TITLE		Change Addition
NAME	JONES, D M		5.2 NAME		
STREET ADDRESS	6601 W. BROAD ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA		5.4 C(TY-ST-Z)P		
TOTLE	VT	☐ DELETE	61 TITLE		Change Addition
NAME	TAYLOR, JULIAN H.		6.2 NAME		
STREET ADDRESS	6601 WEST BROAD STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA		6.4 CITY-S1-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 trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE:

Whim Mornaid

4-9-97

804-281-2000

FILED

Apr 16 1997 8:00am

Secretary of State