

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 846815

1. Corporation Name

PRESIDENTIAL DEVELOPMENT CORPORATION

Principal Place of Business

6601 WEST BROAD STREET
RICHMOND VA 23230-1701

Mailing Address

6601 WEST BROAD STREET
RICHMOND VA 23230-1701

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90042 031 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1980

4. FEI Number

54-6049480

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.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SAVEDGE, HENRY S. JR.	
STREET ADDRESS	6601 W. BROAD STREET	
CITY-ST-ZIP	RICHMOND VA 23230-1701	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NOONAN, JOHN M.	
STREET ADDRESS	6603 WEST BROAD ST	
CITY-ST-ZIP	RICHMOND VA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, FREDERICK C.	
STREET ADDRESS	6601 WEST BROAD STREET	
CITY-ST-ZIP	RICHMOND VA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DABNEY, DONNA C.	
STREET ADDRESS	6601 WEST BROAD STREET	
CITY-ST-ZIP	RICHMOND VA	
TITLE	VGC	<input type="checkbox"/> DELETE
NAME	JONES, D M	
STREET ADDRESS	6601 W. BROAD ST.	
CITY-ST-ZIP	RICHMOND VA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	TAYLOR, JULIAN H.	
STREET ADDRESS	6601 WEST BROAD STREET	
CITY-ST-ZIP	RICHMOND VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GRACE, CHRISTOPHER M	
1.3 STREET ADDRESS	4847 W. ADAMS, SUITE 1	
1.4 CITY-ST-ZIP	PHOENIX AZ 85009	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER M. GRACE

Date

Daytime Phone #

602.269.584

CR2E034 (11/98)