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FILED

Jan 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **F33984** (8)

1. Corporation Name  
**PREFERRED PROPERTIES OF PINELLAS, INC.**



Principal Place of Business

C/O ROBERT J PALACE  
3786 ANGLERS LANE  
LARGO FL 34644

Mailing Address

C/O ROBERT J PALACE  
3786 ANGLERS LANE  
LARGO FL 33774-1013

*ZIP CODE CHANGE ONLY*

2. Principal Place of Business

21 **SAME**

2a. Mailing Address

26 **SAME**

Suite Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24 **33774**

25

29 **33774**

30

9. Name and Address of Current Registered Agent

PALACE, ROBERT J  
3786 ANGLERS LANE,  
LARGO FL 33544

3. Date Incorporated or Qualified

**05/08/1981**

3a. Date of Last Report

**01/26/1996**

4. FEI Number

**59-2151326**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

**SAME**

82

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

83

84 City

**FL**

85 Zip Code

**33774**

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 **PTD** ☐ DELETE  
NAME **PALACE, ROBERT J**  
STREET ADDRESS **3786 ANGLERS LANE**  
CITY-ST-ZIP **LARGO FL**

TITLE **VSD** ☐ DELETE  
NAME **PALACE, ARDELLE**  
STREET ADDRESS **3786 ANGLERS LANE**  
CITY-ST-ZIP **LARGO FL**

TITLE **VP** ☐ DELETE  
NAME **PALACE, KRISTY J**  
STREET ADDRESS **3786 ANGLERS LANE**  
CITY-ST-ZIP **LARGO 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

11 TITLE **SAME** ☒ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP **33774**

21 TITLE **SAME** ☒ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP **33774**

31 TITLE **SAME** ☒ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP **33774**

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-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 included 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: **Robert J. Palace** **ROBERT J. PALACE** 1/10/97 813-596-4444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)