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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **L18304**

1. Corporation Name
FLORIDA PREFERRED ADMINISTRATORS, INC.

Principal Place of Business	Mailing Address
7250 BENEVA RD. SARASOTA FL 34238 US	P.O. BOX 22199 SARASOTA FL 34276 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1989

4. FEI Number: 65-0150469 ☐ Applied For ☐ Not Applicable

5. Certifcate 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

CAINE, JULIA JEAN
7250 BENEVA ROAD SO
SARASOTA FL 34238

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE	V/T	☐ Change ☒ Addition
NAME	CAINE, TEDSON M		1.2 NAME	Lee F. Kelly	
STREET ADDRESS	7250 BENEVA RD.		1.3 STREET ADDRESS	7250 Beneva Rd.	
CITY-ST-ZIP	SARASOTA FL 34238		1.4 CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	D	☒ DELETE	2.1 TITLE	V/S and General Counsel	☐ Change ☒ Addition
NAME	CAINE, JULIA J		2.2 NAME	Michael G. Costello	
STREET ADDRESS	7250 BENEVA RD.		2.3 STREET ADDRESS	7250 Beneva Rd., Sarasota, FL 34238	
CITY-ST-ZIP	SARASOTA FL 34238		2.4 CITY-ST-ZIP		
TITLE	PTD	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	CAINE, THOMAS E		3.2 NAME	Robert S. Cubbin	
STREET ADDRESS	7250 BENEVA RD.		3.3 STREET ADDRESS	7250 Beneva Road	
CITY-ST-ZIP	SARASOTA FL 34238		3.4 CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	VDS	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	CAINE, SUSAN K		4.2 NAME	Warren D. Gardner	
STREET ADDRESS	7250 BENEVA RD.		4.3 STREET ADDRESS	7250 Beneva Rd.	
CITY-ST-ZIP	SARASOTA FL 34238		4.4 CITY-ST-ZIP	Sarasota, FL 34238	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Joseph C. Henry	
STREET ADDRESS			5.3 STREET ADDRESS	7250 Beneva Rd.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Sarasota, FL 34238	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	James R. Parry, Sr.	
STREET ADDRESS			6.3 STREET ADDRESS	7250 Beneva Rd.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Sarasota, FL 34238	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #