

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

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90194 022 \*\*\*150.00

**DOCUMENT # P93000005032**

1. Corporation Name

**PREFERRED PROPERTIES OF GAINESVILLE, INC.**

Principal Place of Business

4061 NW 43 ST.  
SUITE 16  
GAINESVILLE FL 32606

Mailing Address

4061 NW 43 ST.  
SUITE 16  
GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1993

4. FEI Number

59-3163673

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.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

IVEY, RAYMOND M P.A.  
2632 N.W. 43RD ST. A102  
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

**FL**

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 DPVS ☐ DELETE

NAME MOTT, BONNIE  
STREET ADDRESS 11503 PALMETTO BLVD, 221 TURKEY CREET  
CITY-ST-ZIP ALACHUA FL 32615

TITLE VP ☐ DELETE

NAME YRAUSQUIN, PRISCILLA  
STREET ADDRESS 4634 NW 30TH AVE  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE VP ☐ DELETE

NAME MCGEE, HAROLD  
STREET ADDRESS 4620 NW 32ND PLACE  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE VP ☒ DELETE

NAME JOHNSON, GERALD S  
STREET ADDRESS 303 SW 170TH ST  
CITY-ST-ZIP NEWBERRY FL 32269

TITLE VP ☐ DELETE

NAME PISANO, RUSSELL L JR.  
STREET ADDRESS 1122 NW 22ND ST.  
CITY-ST-ZIP GAINESVILLE FL 32603

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☐ Change ☒ Addition

1.2 NAME Jane Burnette  
1.3 STREET ADDRESS 2808 NW 34th St.  
1.4 CITY-ST-ZIP Gainesville, FL 32605

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 (352) 373-3132

Date

Daytime Phone #

CR2E034 (11/98)