FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000064396 (2)

1. Corporation Name

PREFERRED SOURCE, INC.

Principal Place of Business	Mailing Address
13569 OSPREY POINT DRIVE JACKSONVILLE FL 32224	13569 OSPREY POINT DRIVE JACKSONVILLE FL 32224

DO NOT WRITE IN THIS SPACE

DBA Private Stock Distributors

2. Principal Place of Business	2a. Mailing Address
21 13725 Beach Blvd	26 13725 Beach Blvd.
22 Suite, Apt. #, etc. Unit 11	27 Suite, Apt. #, etc. Unit 11
23 City & State Jacksonville, FL	28 City & State Jacksonville, FL
24 Zip 32224 — 25 Country USA	29 Zip 32224 — 30 Country USA

3. Date Incorporated or Qualified: 08/30/1994
3a. Date of Last Report: N/A
4. FEI Number: 59-3261663 ☐ 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

9. Name and Address of Current Registered Agent

CROWDER, JOHN
13569 OSPREY POINT DRIVE
JACKSONVILLE FL 32224

Address Change Only

10. Name and Address of New Registered Agent

81 Name: Crowder, John
82 Street Address (P.O. Box Number is Not Acceptable): [redacted] 4664 Monument Pt CIR
83
84 City: Jacksonville FL 85 Zip Code: 32225

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: J Crowder — DATE: 4/27/95

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

12. OFFICERS AND DIRECTORS

TITLE	John Andrew Crowder
NAME	President
STREET ADDRESS	4667 Monument Point Circle
CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	Vice President
NAME	Shannon Michelle Crowder
STREET ADDRESS	4667 Monument Point Circle
CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: J Crowder — 4/27/95 — 904 992 9070

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

0408420 FP