

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000080548 (8)

1. Corporation Name

15190 PRESTONWOOD BOULEVARD INC.

Principal Place of Business

1801 HERMITAGE BLVD
SUITE 600
TALLAHASSEE FL 32308
US

Mailing Address

1801 HERMITAGE BLVD
SUITE 600
TALLAHASSEE FL 32308
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1994

4. FEI Number

36-3985541

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Country

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TODD, DAVID E
1801 HERMITAGE BLVD
SUITE 100
TALLAHASSEE FL 32308

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BENNETT, DOUGLAS W
STREET ADDRESS 1801 HERMITAGE BLVD
CITY-STATE-ZIP TALLAHASSEE FL ☐ DELETE

1.1 TITLE VAS
1.2 NAME Luanne K. Good
1.3 STREET ADDRESS 1801 Hermitage Blvd.
1.4 CITY-STATE-ZIP Tallahassee, FL 32308 ☐ Change ☒ Addition

TITLE D
NAME MILLER, TODD A
STREET ADDRESS 1801 HERMITAGE BLVD
CITY-STATE-ZIP TALLAHASSEE FL ☒ DELETE

2.1 TITLE D
2.2 NAME James W. Horton
2.3 STREET ADDRESS 1801 Hermitage Blvd.
2.4 CITY-STATE-ZIP Tallahassee, FL 32308 ☐ Change ☒ Addition

TITLE P
NAME EDELMAN, HOWARD
STREET ADDRESS 180 N LASALLE STREET
CITY-STATE-ZIP CHICAGO IL ☐ DELETE

3.1 TITLE D
3.2 NAME Jeffrey L. Smith
3.3 STREET ADDRESS 1801 Hermitage Blvd.
3.4 CITY-STATE-ZIP Tallahassee, FL 32308 ☐ Change ☒ Addition

TITLE VAS
NAME SMITH, ROGER E.
STREET ADDRESS 180 N LASALLE STREET
CITY-STATE-ZIP CHICAGO IL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE VS
NAME NOELL, JOHN W
STREET ADDRESS 180 N LASALLE STREET
CITY-STATE-ZIP CHICAGO IL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE VAS
NAME BURDI, THOMAS M.
STREET ADDRESS 180 NORTH LASALLE STREET
CITY-STATE-ZIP CHICAGO IL ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: Douglas W. Bennett, Director

2/25/98 850-488-4406

CP2E034 (10/97)