

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000013410 (2)

1. Corporation Name

PREFERRED MORTGAGE GROUP, INC.



Principal Place of Business

2120 WHITE WING DOVE PL  
JACKSONVILLE FL 32259

Mailing Address

2120 WHITE WING DOVE PL  
JACKSONVILLE FL 32259

3. Date Incorporated or Qualified

02/16/1995

3a. Date of Last Report

2. Principal Place of Business

21 101 CENTURY 21 DRIVE

Suite, Apt. #, etc.

22 SUITE 105

City & State

23 JACKSONVILLE, FL

Zip Country

24 32216

25 DUVAL

2a. Mailing Address

26 101 CENTURY 21 DRIVE

Suite, Apt. #, etc.

27 SUITE 105

City & State

28 JACKSONVILLE, FL

Zip Country

29 32216

30 DUVAL

4. FEI Number

59-3295599

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

MCQUAIG, DAVID H  
8711 PERIMETER PARK BLVD  
SUITE 6  
JACKSONVILLE FL 32216

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

Signature, typed or printed name of registered agent and client applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

JENNINGS, JUDITH C

STREET ADDRESS

2120 WHITE WING DOVE PLL  
JACKSONVILLE FL 32259

CITY- ST- ZIP

TITLE

V/S/T

☐ DELETE

NAME

RANDOLPH J. JENNINGS

STREET ADDRESS

2120 WHITE WING DOVE PL

CITY- ST- ZIP

JACKSONVILLE, FL 32259

TITLE

V

☐ DELETE

NAME

PATRICIA MITCHELL

STREET ADDRESS

828 COLONIAL COURT WEST

CITY- ST- ZIP

JACKSONVILLE, FL 32225

TITLE

☐ DELETE

NAME

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96

(904) 7250023

Date

Day in a Phone #

CR2E034 (12/95)