

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

**FILED**  
**Apr 14 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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  
**101 CENTURY 21 DRIVE**  
**SUITE 105**  
**JACKSONVILLE FL 32216**  
**US**

Mailing Address  
**101 CENTURY 21 DRIVE**  
**SUITE 105**  
**JACKSONVILLE FL 32216-9255**  
**US**

3. Date Incorporated or Qualified **02/16/1995** 3a. Date of Last Report **02/23/1996**

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

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 25 29 30

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)  
**5515-3 PHILLIPS HIGHWAY**

83

84 City **JACKSONVILLE** FL 85 Zip Code **32207**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

DELETE

TITLE **D**

NAME **JENNINGS, JUDITH C**

STREET ADDRESS **2120 WHITE WING DOVE PLL**

CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **VST**

NAME **JENNINGS, RANDOLPH J**

STREET ADDRESS **2120 WHITE WING DOVE PL**

CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **V**

NAME **MITCHELL, PATRICIA**

STREET ADDRESS **828 COLONIAL COURT WEST**

CITY-ST-ZIP **JACKSONVILLE FL 32225**

DELETE

DELETE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

1.1 TITLE

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 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:  **Judith C. Jennings** **4-8-97** **904-725-0023**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYLINE PHONE #

0034811

CR2E034 (9/96)