*** FILE NOW. FILING FEE AFTER MAY 1 IS $225.00 ***

CORPORATION ANNUAL REPORT

1997 ~~1996~~ ~~1995~~

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 OCT 15 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

Preferred Financial Consulting, Inc.

DOCUMENT # P96000004492

Mailing Address / Principal Place of Business

1655 The Greens Way, #2521
Jacksonville Beach, FL 32250

If above addresses are incorrect in any way, line through incorrect information and enter correct on below

DO NOT WRITE IN THIS SPACE

2. Mailing Address
21 1655 The Greens Way

Suite, Apt. #, etc.
22 2521

City & State
23 Jacksonville Beach, FL

Zip / Country
24 32250 / 25

2a. Principal Place of Business
26

Suite, Apt. #, etc.
27

City & State
28

Zip / Country
29 / 30

3. Date Incorporated or Qualified: 1/12/96

3a. Date of Last Report:

4. FEI Number: 65-0654666 — 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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

Brant, Moore, Macdonald & Wells, P.A.
50 N. Laura Street, Suite 3100
Jacksonville, FL 32202

10. Name and Address of New Registered Agent

81 Name

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

900002323359--3
-10/17/97--01095--006
****550.00 ****550.00

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE Jan D. McCormick, V.P. DATE 10/13/97
(Registered Agent accepting Appointment) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		**13.** CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/T	1.1 TITLE	
1.2 NAME	O'Brien, Michael	1.2 NAME	900002323359--3
1.3 STREET ADDRESS	1655 The Greens Way, #2521	1.3 STREET ADDRESS	-10/17/97--01095--007
1.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250	1.4 CITY-ST-ZIP	****200.00 ****200.00
2.1 TITLE	V/S	2.1 TITLE	
2.2 NAME	Brown, Anna	2.2 NAME	
2.3 STREET ADDRESS	1655 The Greens Way, #2521	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250	2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	REINSTATEMENT 9/26/97 10/15/97
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		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 release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael B. O'Brien 9/26/97 (904)280-9668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

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Zip 29 Country 30

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3.1 TITLE		3.1 TITLE	REINSTATEMENT 9/26/97 10/15/97
3.2 NAME		3.2 NAME	
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4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
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