

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 16 1998 8:00am
Secretary of State

DOCUMENT # P96000004492 (0)

1. Corporation Name

PREFERRED FINANCIAL CONSULTING, INC.



Principal Place of Business

1655 THE GREENS WAY
#2521
JACKSONVILLE BEACH FL 32250

Mailing Address

1655 THE GREENS WAY
#2521
JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1996

4. FEI Number

65-0654666

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

21 626 Marsh Landing Pkwy

26 626 Marsh Landing Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 164

27 164

City & State

City & State

23 Jax Beach, FL

28 Jax Beach, FL

Zip

Zip

Country

Country

24 32250

25 USA

29 32250

30 USA

9. Name and Address of Current Registered Agent

BRANT, MOORE, MACDONALD & WELLS, P.A.
50 N. LAURA STREET., STE 3100
JACKSONVILLE FL 32202

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 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 PT ☐ DELETE

NAME O'BRIEN, MICHAEL
STREET ADDRESS 1655 THE GREENS WAY., #2521
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

1.1 TITLE PT ☒ Change ☐ Addition

1.2 NAME O'Brien, Michael
1.3 STREET ADDRESS 665 Lake Stone Circle
1.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082 ☒ Change ☐ Addition

TITLE VS ☐ DELETE

NAME BROWN, ANNA
STREET ADDRESS 1655 THE GREENS WAY., #2521
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

2.1 TITLE VS ☒ Change ☐ Addition

2.2 NAME Brown, Anna
2.3 STREET ADDRESS 669 Lake Stone Circle
2.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082 ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Anna Brown ANNA BROWN

7/10/98 (904) 285-8900

CR2E034 (5/98)