FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jun 25 1998 8:00am
Secretary of State

DOCUMENT # P96000080160 (0)

1. Corporation Name
PREFERRED REFERRAL CONSULTANTS, INC.

[redacted]

Principal Place of Business
4061 N.W. 43RD STREET
SUITE 11
GAINESVILLE FL 32606

Mailing Address
4061 N.W. 43RD STREET
SUITE 11
GAINESVILLE FL 32606-4579

3. Date Incorporated or Qualified: 09/25/1996
3a. Date of Last Report

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3513514
☒ 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

MOTT, BONNIE
4061 N.W. 43RD STREET
SUITE 11
GAINESVILLE FL 32606

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	D	☐ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☒ Add
NAME	MOTT, BONNIE		1.2 NAME	William J. Lynn	
STREET ADDRESS	~~221 TURKEY CREEK~~ 11503 PALMETTO BLVD		1.3 STREET ADDRESS	[redacted] 10718 SW 104 AV.	
CITY-ST-ZIP	ALACHUA FL 32615		1.4 CITY-ST-ZIP	GRAHAM, FL. 32042	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Add
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Add
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Add
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	7/6/25	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Add
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Add
NAME			6.2 NAME	800002577221	
STREET ADDRESS			6.3 STREET ADDRESS	-06/25/98--01084--028	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00	

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: William J. Lynn