

Amended \$ 61.25

~~FILE NOW: FILING FEE AFTER MAY 10T 19 0550.00~~

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 AUG 13 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P97000104066

1. Corporation Name

Atlantic Preferred Holding Company

Principal Place of Business

Mailing Address

1057 Maitland Center Commons, #100
Maitland, FL 32751

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
10-31-97

2. Principal Place of Business

2a. Mailing Address

21 Same as above

26 Same as above

4. FEI Number

59-3498539

Applied for

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Thomas R. Allen
105 E. Robinson St, Suite 201
Orlando, FL 32801

81 Name

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

83

84 City

8000002618238--8

-08/18/98-01005-005

*****FL*****61.25

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V/T ☒ DELETE

NAME Allen D. Booth
STREET ADDRESS 2140 Chipmunk Ct.
CITY-ST-ZIP Brookfield, WI 53045

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chairman/CEO ☒ Change ☐ Addition

1.2 NAME Roberta J. Hopkins

1.3 STREET ADDRESS 1057 Maitland Center Commons #100

1.4 CITY-ST-ZIP Maitland, FL 32751

2.1 TITLE SVP/S ☒ Change ☐ Addition

2.2 NAME Lois Rakus Keefe

2.3 STREET ADDRESS 1057 Maitland Center Commons #100

2.4 CITY-ST-ZIP Maitland, FL 32751

3.1 TITLE P/COO ☐ Change ☒ Addition

3.2 NAME Jerry E. Hagood

3.3 STREET ADDRESS 1057 Maitland Center Commons, #100

3.4 CITY-ST-ZIP Maitland, FL 32751

4.1 TITLE EVP/T ☐ Change ☒ Addition

4.2 NAME Michael L. Toffoli

4.3 STREET ADDRESS 1057 Maitland Center Commons #100

4.4 CITY-ST-ZIP Maitland, FL 32751

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Lois Rakus Keefe, Lois Rakus Keefe

Date

Original check #

AUG 13 1998

7/28/98 (407) 659-0422

CR2E034 (10/97)