

FILE NQW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90078 020 ***150.00

DOCUMENT # P97000104066

1. Corporation Name

ATLANTIC PREFERRED HOLDING COMPANY

Principal Place of Business

1057 MAITLAND CENTER COMMONS
STE. 100
MAITLAND FL 32751

Mailing Address

1057 MAITLAND CENTER COMMONS
STE. 100
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1997

4. FEI Number

59-3498539

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Same as above

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Same as above

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

9. Name and Address of Current Registered Agent

ALLEN, THOMWS R
105 E. ROBINSON STREET
SUITE 201
ORLANDO FL 32801

(Spelling Correction)
No Changes in Agent

10. Name and Address of New Registered Agent

81 Name

Allen, Thomas R.

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

105 E. Robinson Street

83

Suite 201

84

City

Orlando

FL

85 Zip Code

32801

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

TITLE CEO ☐ DELETE
NAME HOPKINS, ROBERTA J
STREET ADDRESS 1057 MAITLAND CENTER COMMONS, SUITE 100
CITY-ST-ZIP MAITLAND FL 32751

TITLE SVP ☐ DELETE
NAME KEEFE, LOIS R
STREET ADDRESS 1057 MAITLAND CENTER COMMONS, SUITE 100
CITY-ST-ZIP MAITLAND FL 32751

TITLE PCOO ☒ DELETE
NAME HAGOOD, JERRY
STREET ADDRESS 1057 MAITLAND CENTER COMMONS, SUITE 100
CITY-ST-ZIP MAITLAND FL 32751

TITLE EVPT ☒ DELETE
NAME TOFFOLI, MICHAEL L
STREET ADDRESS 1057 MAITLAND CENTER COMMONS, SUITE 100
CITY-ST-ZIP MAITLAND FL 32751

TITLE D ☐ DELETE
NAME SEALL, JOHN
STREET ADDRESS 1209 AUSTIN ROAD
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CPD ☒ Change ☐ Addition
1.2 NAME Roberta J. Hopkins
1.3 STREET ADDRESS 1230 Park Point Lane
1.4 CITY-ST-ZIP Winter Park, FL 32789

2.1 TITLE SVPD ☒ Change ☐ Addition
2.2 NAME Lois Rakus Keefe
2.3 STREET ADDRESS 1555 Waterwitch Drive
2.4 CITY-ST-ZIP Orlando, FL 32806

3.1 TITLE TD ☐ Change ☒ Addition
3.2 NAME Jon M. Knight
3.3 STREET ADDRESS 2420 Orchard Drive
3.4 CITY-ST-ZIP Orlando, FL 32806

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME J.A. Huggins
4.3 STREET ADDRESS 1057 Maitland Center Commons Suite 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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0075152