Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90100 033 ***150.00

FILE NOW: 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**

DOCUMENT # P98000026443

1. Corporation Name

ATLANTIC PREFERRED INSURANCE COMPANY

| Principal Place | e of Business | Mailing Address | | I ###!!### | |
|---------------------|---|-------------------------------------|---|--|------------------------------------|
| 1057 MAITLAND | CENTER COMMONS | 1057 MAITLAND CENTER CO | MMONS | | |
| SUITE 100 SUITE 100 | | | DO NOT WP | DO NOT WRITE IN THIS SPACE | |
| ORLANDO FL 3 | 32751 | ORLANDO FL 32751 | | 3. Date Incorporated or Qualifed | |
| | | • | | 03/20/1998 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| | ne as above | 26 Same as abo | ove | 59-34985 44 | Not Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | JVC | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & Stat | te | City & State | | 6." Election Campaign Financing | □ \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the cur | |
| 24 | 25 | | 10 | Personal Property Tax. 10. Name and Address of New | |
| | 9. Name and Address of Curren | t Registered Agent | 81 Nam | | Registered Agent |
| INSI | JRANCE COMMISIONER | | | | |
| CAPITOL BUILDING | | | 82 Stree | t Address (P.O. Box Number is Not Accept | able) |
| | AHASSEE FL 32301 | | 83 | | |
| | | | | *** | |
| | | | 84 City | | FL 85 Zip Code |
| 11 Dureuant | to the provisions of Sections 607 050 | 2 and 607 1508. Florida Statutes | the above-name | d corporation submits this statement for the | nurnose of changing its registered |
| office or r | egistered agent, or both, in the State (| of Florida. Such change was aut | norized by the coi | poration's board of directors. I hereby acce | pt the appointment as registered |
| agent. I a | m familiar with, and accept the obligat | lions of, Section 607.0505, Floric | ia Statutes. | | |
| SIGNATURE | Signature, typed or printed name of registered agen | t and title if applicable. (NOTE: R | legistered Agent signatur | required when reinstating) | DATE |
| 12. | | D DIRECTORS | 13. | | FICERS AND DIRECTORS IN 12 |
| TITLE | CEO | ☐ DELETE | 1,1 TITLE | CPD | K Change ☐ Addition |
| NAME | HOPKINS, ROBERTO J | | 12 NAME | Roberta J. Hopkins | |
| STREET ADDRESS | 1230 PARK POINTE LANE | | 1.3 STREET ADDRES | 1230 Park Point Lane Winter Park, FL 3278 | 9 |
| CITY-ST-ZIP | WINTER PARK FL 32789 | | 1.4 CITY-ST-ZIP | | |
| TITLE | P | X DELETE | 2.1 TITLE | SVPD | |
| NAME | HAGOOD, JERRY E | | 2.2 NAME | Lois Rakus Keefe | _ |
| STREET ADDRESS | 1057 MAITLAND CENTER COM | MONS, #100 | 2.3 STREET ADDRES | 1555 Waterwitch Drive | 3 |
| CITY-ST-ZIP | MAITLAND FL 32751 | | 2.4 CITY-ST-ZIP | Orlando, FL 32806 | TO STEEL STATES |
| TITLE | VPS | ☐ DELETÉ | 3.1 TITLE | TD Jon M. Knight | Change Addition |
| NAME | KEEFE, LOIS RAKUS | | 3.2 NAME | 2402 Orchard Drive | |
| STREET ADDRESS | 1555 WATERWITCH DRIVE | | 3.3 STREET ADDRES | Apopka, FL 32712 | |
| CITY-ST-ZIP | ORLANDO FL 32806 | ₩ DELETE | 34 CITY-ST-ZIP | D | ☐ Change X Addition |
| TITLE | VPT | ⊠ DELETE | 4.1 TITLE | J.A. Huggins | Ci Orango 45 1 totalon |
| NAME | TOFFOLI, MICHAEL L | MONO #400 | 4, 2 NAME | 1057 Maitland Center | Commons Suite 100 |
| STREET ADDRESS | 1057 MAITLAND CENTER COM | MUNS, #100 | 4.3 STREET ADDRES | Maitland, FL 32751 | |
| CITY-ST-ZIP | MAITLAND FL 32751 | | 4.4 CITY-ST-ZIP 5.1 TITLE | D | ☐ Change Addition |
| TITLE | | ☐ DELETE | | | |
| NAME | | ☐ DELETE | | John P. Seall | |
| OTDEET ADDRESS | | ☐ DELETE | 5.2 NAME 5.3 STREET ADDRES | John P. Seall 1209 Austin Road | |
| STREET ADDRESS | | ☐ DELETE | 5.2 NAME | John P. Seall | |
| CITY-ST-ZIP | | | 5.2 NAME 5.3 STREET ADDRES | John P. Seall 1209 Austin Road | . Change Addition |
| CITY-ST-ZIP | | ☐ DELETE | 5.2 NAME 5.3 STREET ADDRES 5.4 CITY-ST-ZIP | John P. Seall 1209 Austin Road | ☐ Change ☐ Addition |
| CITY-ST-ZIP | | | 5.2 NAME 5.3 STREET ADDRES 5.4 CITY-ST-ZIP 6.1 TITLE | John P. Seall 1209 Austin Road Orlando, FL 32806 | Change |

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 suppliemental 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: