

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90085 018 ***150.00

DOCUMENT # P98000026449

1. Corporation Name

ATLANTIC PREFERRED MANAGEMENT COMPANY

Principal Place of Business

1057 MAITLAND CENTER COMMONS
SUITE 100
MAITLAND FL 32751

Mailing Address

1057 MAITLAND CENTER COMMONS
SUITE 100
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1998

4. FEI Number

59-349 85 46

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

25

2a. Mailing Address

26 Same as above

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

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

TITLE D ☐ DELETE

NAME KNIGHT, JON M

STREET ADDRESS 2402 ORCHARD DRIVE

CITY-ST-ZIP APOPKA FL 32712

TITLE D ☐ DELETE

NAME HUGGINS, J.A.

STREET ADDRESS 700 ALAMEDA STREET

CITY-ST-ZIP ORLANDO FL 32804

TITLE VSD ☐ DELETE

NAME KEEF, LOIS RAKUS

STREET ADDRESS 1555 WATERWATCH DRIVE

CITY-ST-ZIP ORLANDO FL 32806

TITLE CD ☐ DELETE

NAME HOPKINS, ROBERTO J

STREET ADDRESS 1230 PARK POINTE LANE

CITY-ST-ZIP WINTER PARK FL 32789

TITLE VT ☒ DELETE

NAME TOFFOLI, MICHAEL L

STREET ADDRESS 1057 MAITLAND CENTER COMMONS, STE.100

CITY-ST-ZIP MAITLAND FL 32751

TITLE P ☒ DELETE

NAME HAGOOD, JERRY E

STREET ADDRESS 1057 MAITLAND CENTER COMMONS, STE.100

CITY-ST-ZIP MAITLAND FL 32751

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 TD ☒ Change ☐ Addition

2.2 NAME Jon M. Knight

2.3 STREET ADDRESS 2402 Orchard Drive

2.4 CITY-ST-ZIP Apopka, FL 32712

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME John P. Seall

3.3 STREET ADDRESS 1209 Austin Drive

3.4 CITY-ST-ZIP Orlando, FL 32806

4.1 TITLE SVPD ☒ Change ☐ Addition

4.2 NAME Lois Rakus Keefe

4.3 STREET ADDRESS 1555 Waterwatch Drive

4.4 CITY-ST-ZIP Orlando, FL 32806

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME J.A. Huggins

5.3 STREET ADDRESS 1057 Maitland Center Commons Suite 100

5.4 CITY-ST-ZIP Maitland, FL 32751

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 #

1-12-99 (407) 659-0422

0075215

CR2E034 (11/98)