

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  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90129 017 \*\*\*158.75

DOCUMENT # P98000102035

1. Corporation Name

PREFERRED ASSEMBLY, INC.



Principal Place of Business  
2624 PHEASSANT COURT WEST  
JACKSONVILLE FL 32259

Mailing Address  
Pheasant  
2624 PHEASSANT COURT WEST  
JACKSONVILLE FL 32259

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2624 Pheasant Court, W  
Suite, Apt. #, etc.

22 City & State  
Jacksonville, FL

23 Zip Country  
32259 US

2a. Mailing Address

26 2624 Pheasant Court, W  
Suite, Apt. #, etc.

27 City & State  
Jacksonville, FL

28 Zip Country  
32259 US

3. Date Incorporated or Qualified

12/04/1998

4. FEI Number

59-3544303

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

9. Name and Address of Current Registered Agent

PARSON, TRACY S  
2624 PHEASSANT COURT WEST  
JACKSONVILLE FL 32259

10. Name and Address of New Registered Agent

81 Name

Tracy S. Parson

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

2624 Pheasant Court, West

83

84 City

Jacksonville

FL

85 Zip Code

32259

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 Tracy S. Parson  
Signature, typed or printed name of registered agent and title if applicable.

Tracy S. Parson President  
(NOTE: Registered Agent signature required when reinstating)

4-15-99  
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME PARSON, TRACY S  
STREET ADDRESS 2624 PHEASSANT COURT WEST  
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE VS ☐ DELETE  
NAME PARSON, DIANA J  
STREET ADDRESS 2624 PHEASSANT COURT WEST  
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 2624 Pheasant Court, West  
1.4 CITY-ST-ZIP Jacksonville, FL 32259

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 2624 Pheasant Court, West  
2.4 CITY-ST-ZIP Jacksonville, FL 32259

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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: Tracy S. Parson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99  
Date

904-287-1727  
Daytime Phone #