

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V16164** (8)  
1. Corporation Name  
**PREFERRED PERSONNEL, INC.**



Principal Place of Business  
**1704 SOUTHIDE BLVD.  
SUITE 8  
JACKSONVILLE FL 32216  
US**

Mailing Address  
**1704 SOUTHIDE BLVD.  
SUITE 8  
JACKSONVILLE FL 32216  
US**

3. Date Incorporated or Qualified **02/17/1992** 3a. Date of Last Report **02/24/1995**  
4. FEI Number **59-3055575** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business  
21 **1704 Southside Bl**  
22 **8**  
23 **Jacksonville, FL**  
24 **32216** 25 **Duval**  
26 **1704 Southside Bl**  
27 **8**  
28 **Jacksonville, FL**  
29 **32216** 30 **Duval**

9. Name and Address of Current Registered Agent

**PRICE, PATRICIA L  
1840 SOUTHSIDE BLVD.  
STE 3A  
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **1704 Southside Bl. #8**  
83  
84 City **Jacksonville** FL 85 Zip Code **32216**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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, and on July 1, 1995, Florida Statutes.

SIGNATURE

*Patricia L. Price*

(Print Name of Agent and Agent's firm name, if applicable)

DATE

**4/11/96**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	<b>P PRICE, PATRICIA L</b>	<b>1704 SOUTHIDE BLVD., SUITE 8</b>	<b>JACKSONVILLE FL</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

*Patricia L. Price*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/96 904-724-3396**

CR2E034 (12/95)