

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 # **V57004** (6)

1. Corporation Name

PREFERRED SOUTHEAST AFFILIATES, INC.



Principal Place of Business

Mailing Address

**3520 THOMASVILLE RD., SUITE 200
TALLAHASSEE FL 32308**

**3520 THOMASVILLE RD., SUITE 200
TALLAHASSEE FL 32308**

3. Date Incorporated or Qualified
08/12/1992

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3200758

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PENNINGTON, CARL R JR
~~3375-A CAPITAL CIR NE~~
TALLAHASSEE FL 32308**

81 Name

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

83

215 S. MONROE STREET

84

City

TALLAHASSEE

FL

85

Zip Code

32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D, VP
BAILEY, BONNIE**
STREET ADDRESS **5976 MILLER LANDING COVE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME **D, TREASURER
CARLSON, ART**
STREET ADDRESS **6329 COACH HOUSE CT**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME **D, SECRETARY
WARD, MARVEEN C**
STREET ADDRESS **4619 HIGHGROVE RD**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☒ DELETE

NAME **PD
MAHONEY, JOHN P**
STREET ADDRESS **806 IVANHOE DR**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D, VICE PRESIDENT

☒ Change ☐ Addition

D, TREASURER

☒ Change ☐ Addition

D, SECRETARY

☒ Change ☐ Addition

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SIGNATURE:

Bonnie P. Bailey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96
Date

904-668-3000
Daytime Phone #

CR2E034 (12/95)