SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
95 JUL 19 PM 2:00

DOCUMENT # **408347** **(3)**

1. Corporate Name
E. C. TRANSFER CORP

Principal Place of Business:
198TH SW 103RD AVE.
P.O. BOX 523006E.
MIAMI FL 33174

Mailing Address:
198TH SW 103RD AVE.
P.O. BOX 523006E.
MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/07/1972	05/01/1994

4. FEI Number: 59-1430705 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. ☐ **$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	2a. Mailing Address
21 4737 N.W. 72nd AVE.	26 P.O. 523006
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FL.
Zip 24 33166 / County 25	Zip 29 33152 / County 30

9. Name and Address of Current Registered Agent

CAMPS, JOSE
7531 S W 149 CT.
MIAMI FL 33193

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAMPS, EFRAIN
STREET ADDRESS	198 S.W. 103RD AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	ST
NAME	CAMPS, NEIMA
STREET ADDRESS	198 S.W. 103RD AVENUE
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ☐ Change ☐ Addition

600001545306
-07/25/95--01060--021
****233.75 ****233.75

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.

SIGNATURE: [signature] 11/[illegible] (305) 593-0189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)

0143860 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 [illegible]
TALLAHASSEE, FLORIDA

DOCUMENT # H10032

1. Corporation Name: Pattishall Investments

Principal Place of Business: 5110 Poe Ave, TAmpA, Fl 33629

Mailing Address: same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/4/1972	3a. Date of Last Report: 04/15/94
4. FEI Number: 59-1432749	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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 5110 Poe Ave	26 same
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAmpA, Fl	City & State 28
Zip 24 33629 / Country 25 USA	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Cheryl Bustin Draper
82 Street Address (P.O. Box Number is Not Acceptable): 5110 Poe Ave
83
84 City: Tampa FL 85 Zip Code: 33629

11. Pursuant to the provisions of sections 607.0502 and 617.0502, 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: Cheryl Bustin Draper Cheryl Bustin Draper (Sec) 6-19-95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Cheryl B. Draper (Sec) (Pres) (Dir) 5110 Poe Ave Tampa Fl 33629	☐ Change ☐ Addition
Char. Arwinin (Dir) 900 Wolfbrook Cir #300 Longwood Fl 32749	☐ Change ☐ Addition 00000154046O -07/18/95--01096--020 ****225.00 ****225.00
Carolyn Wenborne (Dir) Box 187 Mt Olive, Miss 39119	☐ Change ☐ Addition
Gladys Pattishall (P) 514 Poe Ave Tampa, Fl 33629	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition C1

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)(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.

SIGNATURE: Cheryl Bustin-Draper 6-19-95 (813)831-5174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #