## 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

576617 **DOCUMENT #** 1. Corporation Name

(5)

2a. Mailing Address

Suite, Apt. #, etc.

2. Principal Place of Business

Suite, Apt. #, etc.

PAT'S LANDING, INC.	
Principal Place of Business	Mailing Address
297 BAYSHORE DRIVE PALM HARBOR FL 34683	297 BAYSHORE DRIVE PALM HARBOR FL 34683

26



3a. Date of Last Report

01/13/1995

3. Date Incorporated or Qualified

59-1829621

06/22/1978

4. FEI Number

22		27			5. Certificate of Status Desired \$8.75 Additional Fee Required		
Gity & Stai	te	City & State				Election Campaign Financing     Trust Fund Contribution     Added to Fees	
- <b>Ζ</b> φ	Country	Zip	Coun	try		8. This corporation has liability for intangible tax under s 199.032,	
24	25	29	30			Florida Statutes	
	<ol><li>Name and Address of Curre</li></ol>	nt Registered Agent				10. Name and Address of New Registered Agent	
			•	B1 N	ame		
	s, louise		<u> </u>	<b>32</b> S	reet Addre	ss (P.O. Box Number is Not Acceptable)	
297 BAYSHORE DR			ľ	Olibot Address (1.5. Example 15 Not Acceptable)			
Palm	HARBOR FL 34683		Ī	B3			
			<u> </u>				
			1	34 C	(y	E1 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta	atutes, the abov	e-nam	ed corpora		
	xed agent, or both, in the State of Flor /ith, and accept the obligations of, Sec			rporat	on's board	tion subtilits this statement for the purpose of changing its registered of or directors. I hereby accept the appointment as registered agent. Lai	
SIGNATURE		sion our losos, riblida Statt	108.				
MUTATURE	Sharatare, typed or printed mains of registered ager	if and the if applicable	(NOTE Registered A	gent sice	ture remined	when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.	<u>.</u>		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TILLE	VD	☐ DELETE	1 1 Tilt	.E		☐ Change ☐ Additi	
NAME	REYNOSO, LISANDRA		1.2 NAM	1E		C Grange C Fragge	
STREET ADDRESS	297 BAYSHORE DRIVE		1350	- Eet addi	ESS		
CITY - ST - ZIP	PALM HARBOR, FL 00000			- ST - <b>7</b> IF			
THILE	PST	DELETE	2 1 1/11			Change [ ] Addili	
NAME:	DREYER, PATRICIA G	<u>.</u>	2 2 NAM		1	Cuange L Adult	
S18: ELADDRESS	297 BAYSHORE DRIVE		2 3 STRE				
CITY ST ZIF	PALM HARBOR FL		1		133		
TIBLE	VD	DELETE	24 CITY 3 1 THE			Channe D Addiv	
NAME	REYNOSO, LISANDRA		3.2 NAM			Change Additi	
STEELT ADDRESS	297 BAYSHORE DRIVE			-	100		
CITY ST-ZIP	PALM HARBOR FL		33 \$18		522		
THE	D	[] DELETE	3 4 CrTY		<del></del>		
NAM;	DREYER, PATRICIA, G	□ pricut	4 1 TITL			☐ Change ☐ Addition	
STREET ADDRESS	297 BAYSHORE DR		4.2 NAM				
someth manned 3			4.3 STRE	t i addi	-SS I		
∩(Tv. \$1. 7.0)					I		
City-St-ZiP	PALM HARBOR FL	☐ DELETE	4.4 CITY				
THE		DELETE	5 1 TITL	F		☐ Change ☐ Addition	
TILLE		DELETE	5 1 TITL 52 NAM	F E		☐ Change ☐ Addition	
THE NAME STREET ADDRESS		☐ DEFELE	5 1 TITL 52 NAM 53 STRE	E E adde		☐ Change ☐ Addition	
PILLE NAME STREET ADDRESS CITY+ST-7IP			5 1 TITL 52 NAM 53 STRE 54 CHY	F E Et adde - St - Zip			
TITLE NAME STREET ADORESS CITY+ST+ZIP TIGLE		☐ DELETE	5 1 TITL 52 NAM 53 STRE	F E Et adde - St - Zip		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TIGUE NAME			5 1 TITL 52 NAM 53 STRE 54 CHY	E E ET ADDE - ST - ZIP E			
TITLE NAME STREET ADORESS CITY+ST+ZIP TIGLE			5 1 TITL 52 NAM 53 STRE 54 CHY 6 1 TITL	E E ADDE - ST - ZIP E	iss		

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 outh; 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND EVEN OF SECURATION CONTINUES AND EVEN OF SECURATION CON

SIGNING OFFICER OR DIRECTOR

2-15-96 (813) 184-0143