

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F76939** (0)

1. Corporation Name
PATRICK & ASSOCIATES, P.A.

Principal Place of Business Mailing Address
9570 REGENCY SQUARE BLVD. JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/20/1982** 3a. Date of Last Report **05/27/1994**

2. Principal Place of Business 2b. Mailing Address
21 **4040 WOODCOCK DR** 26 **4040 WOODCOCK DR**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **230** 27 **230**
City & State City & State
23 **JACKSONVILLE, FL** 28 **JACKSONVILLE FL**
Zip Country Zip Country
24 **32207** 25 **FLORIDA** 29 **32207** 30 **FLORIDA**

4. FEI Number **59-2176850** 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
PATRICK, MARK R
9570 REGENCY SQUARE BLVD.
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4040 WOODCOCK DR
83 **SUITE 230**
84 City **JACKSONVILLE** FL 85 Zip Code **32207**

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]* **MARK R. PATRICK** 4/20/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS	
TITLE	S
NAME	PATRICK, MARK R
STREET ADDRESS	9570 REGENCY SQUARE BLVD.
CITY - ST - ZIP	JACKSONVILLE FL 32225
TITLE	PTD
NAME	PATRICK, MARK R
STREET ADDRESS	9570 REGENCY SQUARE BLVD.
CITY - ST - ZIP	JACKSONVILLE FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PSD
2.3 STREET ADDRESS	PATRICK, MARK
2.4 CITY - ST - ZIP	4040 WOODCOCK DR SUITE 230
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **MARK R. PATRICK** 4/20/95 704 376 7510
Signature, typed or printed name of signing officer or director Title (Optional Name #)