PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **F76939**

1. Corporation Name

PATHICK	. & ASSUCIATES, F.A.								
Principal Place	e of Business	Mailing Address				1 1849188 tilt tente Ette ibine tilte ifte	'imit minti minii matute mi	1911 91911 1991	
4040 WOODCOCK DR 4040 WOODCOCK D									
230		230				DO NOT WOITE IN	TUIC CDACE		
JACKSONVILLE FL 32207		JACKSONVILLE FL 32207				DO NOT WRITE IN THIS SPACE			
US 		US				3. Date Incorporated or Qualifed 04/20/1982			
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number	Applied For		
21		26				59-2176850	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75 A	Additional	
22	•	27				5. Certificate of Status Desired	Fee Re	quired:	
City & State	8	City & State		- =		6. Election Campaign Financing	\$5.00	May Be	
23		28			_	Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current ye	ar Intangible	_	
24	25	29 3	0		_	Personal Property Tax.		□No	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
				81	Name				
PATRICK, MARK R					Street Ad	Idress (P.O. Box Number is Not Acceptable)			
4040 WOODLOCK DR.					1				
	E 230	•		83				Į	
JACH	KSONVILLE FL 32207	_		0.4	Oth		85 Zip C	- ode	
				84	City ~	and the second	FL. 85 Zip C	.	
11. Pursuant office or re agent. I a SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with and accept the obligation of the section of the sec	MARI		7	00-10	orporation submits this statement for the purpo- ation's board of directors. I hereby accept the a	99	registered gistered	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12	
TITLE	T	☐ DELETE	1.1 Π	TLE			☐ Change	Addition	
NAME	PATRICK, MARK R		1.2 NAME						
STREET ADDRESS	4040 WOODCOCK DR., SUITE 230		1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL	200		ITY-S1					
TITLE	PSD DELETE		2.1 TITLE		·		Change	Addition	
NAME	PATRICK, MARK		2.2 NAME						
STREET ADDRESS	4040 WOODCOCK DR, SUITE 230		2.3 STREET ADDRESS		ADDRESS				
	JACKSONVILLE FL-	230							
CITY-ST-ZIP TITLE	DELETE DELETE		2.4 CITY-ST-ZIP 3 1 TITLE				☐ Change	☐ Addition	
NAME				3.2 NAME				Ì	
STREET ADDRESS	,		3.3 STREET ADDRESS		CADDRESS				
			3.4. CITY-ST-ZIP						
CITY-ST-ZIP	DELETE		4.1 TITLE		1+-2IP		☐ Change	Addition	
NAME		<u></u>	4.2N			•			
	·		4.2 NAME 4.3 STREET ADDRESS		FADODESS				
STREET ADDRESS					1				
C/TY-ST-ZIP		□ DELETE	5.1 Ti	TY-S	1-711		☐ Change	Addition	

C/TY-ST-ZIP 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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

May 04, 1999 8:00 am Secretary of State

05-04-1999 90112 041 ***150.00

Addition

Change