

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H36696** (3)
1. Corporation Name
PATTEN MANAGEMENT COMPANY



Principal Place of Business: ~~4215 SOUTHPOINT BLVD. SUITE 100 JACKSONVILLE FL 32216~~
Mailing Address: ~~4215 SOUTHPOINT BLVD. SUITE 100 JACKSONVILLE FL 32216~~

3. Date Incorporated or Qualified: **01/04/1985**
3a. Date of Last Report: **03/29/1995**

2. Principal Place of Business: 21 PO Box 10695, Jacksonville, FL 32247
2a. Mailing Address: 26 PO Box 10695, Jacksonville, FL 32247
22 City & State: Jacksonville, FL
23 City & State: Jacksonville, FL
24 Zip: 32247, 25 Country: [blank]
29 Zip: 32247, 30 Country: [blank]

4. FEI Number: **59-2474040**
Applied For: [blank] / 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:
SCHNEIDER MICHAEL N
~~4215 SOUTHPOINT BLVD, STE 100~~
~~JACKSONVILLE FL 32216~~

10. Name and Address of New Registered Agent:
81 Name: [blank]
82 Street Address (P.O. Box Number is Not Acceptable): **512 10th ave s**
83 [blank]
84 City: **Jacksonville beach**, FL 85 Zip Code: **32240**

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] DATE: [blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PATTEN, GARY R.	1.1 TITLE	[blank]
NAME	6740-102 EPPING FOREST	1.2 NAME	[blank]
STREET ADDRESS	JACKSONVILLE FL	1.3 STREET ADDRESS	[blank]
CITY-ST-ZIP	[blank]	1.4 CITY-ST-ZIP	[blank]
TITLE	VD PATTEN, PATRICIA D.	2.1 TITLE	[blank]
NAME	6740 102 EPPING FOREST	2.2 NAME	[blank]
STREET ADDRESS	JACKSONVILLE FL	2.3 STREET ADDRESS	[blank]
CITY-ST-ZIP	[blank]	2.4 CITY-ST-ZIP	[blank]
TITLE	[blank]	3.1 TITLE	[blank]
NAME	[blank]	3.2 NAME	[blank]
STREET ADDRESS	[blank]	3.3 STREET ADDRESS	[blank]
CITY-ST-ZIP	[blank]	3.4 CITY-ST-ZIP	[blank]
TITLE	[blank]	4.1 TITLE	[blank]
NAME	[blank]	4.2 NAME	[blank]
STREET ADDRESS	[blank]	4.3 STREET ADDRESS	[blank]
CITY-ST-ZIP	[blank]	4.4 CITY-ST-ZIP	[blank]
TITLE	[blank]	5.1 TITLE	[blank]
NAME	[blank]	5.2 NAME	[blank]
STREET ADDRESS	[blank]	5.3 STREET ADDRESS	[blank]
CITY-ST-ZIP	[blank]	5.4 CITY-ST-ZIP	[blank]
TITLE	[blank]	6.1 TITLE	[blank]
NAME	[blank]	6.2 NAME	[blank]
STREET ADDRESS	[blank]	6.3 STREET ADDRESS	[blank]
CITY-ST-ZIP	[blank]	6.4 CITY-ST-ZIP	[blank]

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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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/96 904-781-2015
Date: Phone #

CR2E034 (12/95)