## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90099 032 \*\*\*150.00

## DOCUMENT # L89169 1. Corporation Name

PATTI AND MERRITT ENTERPRISES, INC.

Principal Place of Business Mailing Address							
610 S.C ST. 610 SOUTH "C".STREET				مي تو سينون سي			
PENSACOLA FL	32501	PENSACOLA FL 32501	PENSACOLA FL 32501			DO NOT WRITE IN THIS SPACE	
US						3. Date Incorporated or Qualifed	$\neg$
						08/01/1990	Į
Principal Place of Business     2a. Mailing Address						4. FEI Number Applied For	ᅱ
	ace of Business .	<u> </u>				59-3019602 Not Applicable	
Suite, Apt.	# oto	Suite, Apt. #, etc.				\$8.75 Additional	$\ddot{\dashv}$
h	#, etc.	<del>  -</del>	├ <del>─</del> ┪			5. Certificate of Status Desired Fee Required	
City & State		City & State					ㅓ
23		<b>⊢</b>				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	
Zip	Country	Zip Country			<del></del>	This corporation owes the current year Intangible	٦
h '		29 30				Personal Property Tax.	١
25 9. Name and Address of Current					10. Name and Address of New Registered Agent	$\neg$	
	o. Italia and Address of Odrici	' 'Togistorea Agent	81	1   1	lame		П
MERRITT, JOSIE P.							_
	SOUTH "C" STREET		82 Street Ad		Street Addre	ss (P.O. Box Number is Not Acceptable)	Ì
	SACOLA FL 32501		83	<u> </u>			-
			"				
			84	4 C	City	EL 85 Zip Code	-
office or re	egistered agent, or both, in the State	of Florida. Such change was auth	norized by	y the	amed corporation	ration submits this statement for the purpose of changing its registered is board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	a Statutes	<b>S</b> .	•	2/1/06	
SIGNATURE	(-JOS12) PA	HT, MERRO	$\tau_{I}$			3/1/17	- 1
	Signature, typed or printed name of registered ager			ent sig	gnature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.		DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	OD
TITLE	DST LOOIS BATTI	Detere	1			Outries Division	•
NAME	1000 DDITTO DD		1.2 NAME		_ }		
STREET ADDRESS			1.3 STREET ADDRESS			•	
CITY-ST-ZIP	PENSACOLA FL			ST-ZI	P	Change ☐ Additi	
TITLE	VP	DELETE	2.1 TITLE			- Charge Notice	יוע
NAME			2.2 NAME				
STREET ADDRESS	4968 PRIETO DR.		2.3 STREE		DRESS		
CITY-ST-ZIP	PENSACOLA FL		2. 4 CITY-		IP	F16 F1s.Lee	
TITLE	DP	☐ DELETE	TE 3,1 TITLE		į	☐ Change ☐ Additi	on
NAME	METHOD WILLS		3.2 NAME				
STREET ADDRESS	5.235		3.3 STREE	ET AD	DRESS		
CITY-ST-ZIP			3.4. CITY-	ST-Z	3P		
TILE	DELETE 4.1		4.1 TITLE	4.1 TITLE		☐ Change ☐ Additi	OΛ
NAME			4. 2 NAME	Ε.			,
STREET ADDRESS			4.3 STREE	ET AD	DRESS		
CITY-ST-ZIP			4.4 CITY-5	ŞT-ZI	P		
TITLE	DELETE 5.11		5.1 TITLE			☐ Change ☐ Additi	no.
NAME	5.2		5.2 NAME		- 1		
STREET ADDRESS		•	5.3 STREE	ETAD	DRESS	•	
CITY-ST-ZIP			5.4 C(TY+5	ST-Z	iP		
TITLE		☐ DELETE	6.1 TITLE		-+	☐ Change ☐ Additi	οп
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ETAD	ORESS		
			6.4 CITY-5		ŀ		
CITY-ST-ZIP	cortify that the information supplied w	th this filing does not qualify for the				ection 119.07(3)(i), Florida Statutes. I further certify that the information	

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 in Changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF FIGURE OR DIRECTOR

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P2E034 (11/98)