FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED
95 JUL 27 AM 9:42
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000042704 (5)**

1. Entity Name
PATTY REALTY, INC.

Principal Office Address
211 JOHN KNOX ROAD
TALLAHASSEE FL 32303

Mailing Address
PO BOX 13573
TALLAHASSEE FL 32317
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/16/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Office Address — 21
2a. Mailing Address — 26

Suite, Apt. # etc. — 22
Suite, Apt. # etc. — 27

City & State — 23
City & State — 28

Zip — 24 — County — 25
Zip — 29 — County — 30

4. FEI Number: **59-3189323** — 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. The corporation has liability for intangible tax under § 199.032, Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

BAHMANN, PATRICIA
211 JOHN KNOX ROAD
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — **FL** — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
41 TITLE **PSD**	[ ] Change [ ] Addition
42 NAME **BAHMANN, PATRICIA**	500001547925
43 STREET ADDRESS **P O BOX 13573 N/A**	-07/27/95--01073--013
44 CITY ST ZIP **TALLAHASSEE FL 32317**	*****25.00 *****25.00
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	
71 TITLE	[ ] Change [ ] Addition
72 NAME	500001547925
73 STREET ADDRESS	-07/27/95--01073--014
74 CITY ST ZIP	****200.00 ****200.00
81 TITLE	[ ] Change [ ] Addition
82 NAME	
83 STREET ADDRESS	
84 CITY ST ZIP	
91 TITLE	[ ] Change [ ] Addition
92 NAME	
93 STREET ADDRESS	
94 CITY ST ZIP	

14. To the best of my knowledge, the information supplied with this filing is absolutely furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 with an address.

SIGNATURE: Patricia Bahmann — Patricia Bahmann 5/31/95 (904) 422-2020
SIGNATURE AND TYPED OR PRINTED NAME OF DESIGNATED OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0029185 CP