

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

FILED  
May 01 1998 8:00am  
Secretary of State

|                                                |                                                                                   |                                                                                                    |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # P94000085893 (3)

1. Corporation Name  
PATTERSON & JONES, INC.

Principal Place of Business  
210 MONTROSE COURT  
PENSACOLA FL 32505

Mailing Address  
210 MONTROSE COURT  
PENSACOLA FL 32505

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/28/1994

|                                                                                               |                                                                                    |                                                              |                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country | 4. FEI Number<br>59-3320687<br>Applied For<br>Not Applicable | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                  |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br>JONES, SAMMIE LEE<br>210 MONTROSE COURT<br>PENSACOLA FL 32505 | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS                         |                                                                                                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |                                                                                                                                                |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>PATTERSON, ODIS<br>10800 GULF BEACH HWY<br>PENSACOLA FL<br><input type="checkbox"/> DELETE        | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | P<br>Patterson, Dorothy<br>10800 Gulf Beach Hwy<br>Pensacola, FL 32507<br><input type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | OV<br>JONES, SAMMIE LEE<br>210 MONTROSE COURT<br>PENSACOLA FL 32505<br><input type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | OV<br>JONES, Sammie Lee<br>210 Montrose Court<br>Pensacola, FL 32505<br><input type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DT<br>JONES, MIKE<br>210 MONTROSE COURT<br>PENSACOLA FL<br><input type="checkbox"/> DELETE             | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | DT<br>JONES, Marie C.<br>210 Montrose Court<br>Pensacola, FL 32505<br><input type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DS<br>REYNOLDS, ROSIE<br>210 MONTROSE COURT<br>PENSACOLA FL<br><input type="checkbox"/> DELETE         | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | DS<br>Reynolds, Rosie<br>10806 Gulf Beach Hwy<br>Pensacola, FL 32507<br><input type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DM<br>WINGATE, ALVIN<br>10901 GULF BEACH HWY<br>PENSACOLA FL<br><input type="checkbox"/> DELETE        | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | DM<br>Wingate, Alvin<br>10901 Gulf Beach Hwy<br>Pensacola, FL 32507<br><input type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DAM<br>PATTERSON, ROBERT L<br>1601 W GREGORY ST<br>PENSACOLA FL<br><input type="checkbox"/> DELETE     | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | DAM<br>Patterson, Robert L.<br>1601 W. Gregory St.<br>Pensacola, FL 32501<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |

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, on an attachment with an address.

SIGNATURE:

*Sammie Lee Jones*

4/23/98

CR2034 (10/97)