

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000003447

**Entity Name:** PAT'S PANTRY INC.

**Current Principal Place of Business:**

212 GOLDWIRE RD  
QUINCY, FL 32352

**FILED**  
**Mar 03, 2015**  
**Secretary of State**  
**CC9386651041**

**Current Mailing Address:**

PO BOX 1063  
QUINCY, FL 32353

**FEI Number: 45-4935663**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SMITH, PATRICIA  
212 GOLDWIRE RD  
QUINCY, FL 32352 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SMITH, PATRICIA G  
Address        212 GOLDWIRE ROAD  
City-State-Zip: QUINCY FL 32352

Title            D  
Name            BEIGLE, SCOTT  
Address        PO BOX 181000  
City-State-Zip: TALLAHASSEE FL 32318

Title            D  
Name            LANG, JERRY  
Address        1283 PROVIDENCE RD  
City-State-Zip: WHIGHAM GA 39897

Title            D  
Name            MOORE, EDDIE  
Address        315 GOLDWIRE RD  
City-State-Zip: QUINCY FL 32352

Title            DIRECTOR  
Name            HARTSFIELD, JOY  
Address        38 RESERVATION CT  
City-State-Zip: CRAWFORDVILLE FL 32327

Title            PAS  
Name            MCCLOUD, RONALD  
Address        108 ASTOR RD  
City-State-Zip: QUINCY FL 32352

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PATRICIA SMITH**

**PRESIDENT**

**03/03/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date