

2021 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**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****04/05/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date