

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 31 AM 10:04

DOCUMENT # 382423 (2)

1. Corporation Name
ADCO PATCH, INC.

Principal Place of Business

3091 NW 129 STREET
P.O. BOX 262
OPA LOCKA FL 33054

Mailing Address

3091 NW 129 STREET
P.O. BOX 262
OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE:

3. Date Incorporated or Qualified 05/19/1971	3a. Date of Last Report 02/02/1994
4. FEI Number 59-1424260	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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**ROBEY & PELSTRING, P.A.
2701 SO BAYSHORE DRIVE#305
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81. Name **EDDIE J. BARNES**
82. Street Address (P.O. Box Number is Not Acceptable)
3091 NW 129 ST.
83. P.O. Box **262**
84. City **OPA LOCKA** FL 85. Zip Code **33054**

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 **EDDIE J. BARNES** *Eddie J. Barnes* **JAN. 17, 1995**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BARNES, EDDIE J	1.2 NAME	
STREET ADDRESS	3091 NW 129TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	BARNES, JOANNE	2.2 NAME	
STREET ADDRESS	3091 NW 129TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	MANTEL, MICHAEL	3.2 NAME	
STREET ADDRESS	3091 NW 129TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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, or on an attachment with an addendum.

SIGNATURE: *[Signature]* **1/17/95** **(305) 681-2196**
Signature and typed or printed name of officer or director. (Typed Name)