


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 18, 2004 08:00 AM
Secretary of State**

DOCUMENT # 398904 1. Entity Name PATOS CORPORATION	
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Principal Place of Business 212 S. MONROE STREET TALLAHASSEE, FL 32301	Mailing Address 212 S. MONROE STREET TALLAHASSEE, FL 32301
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DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1482169	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**STEWART, ALBAN JR
1997 BUCK LAKE CIRCLE
TALLAHASSEE, FL 32311**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**U000000055512
02/18/04-80004-009 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAVALAS, NIC G. 212 S. MONROE STREET TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEWART, ALBAN 4725 MAHAN DRIVE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEWART, ALBAN JR. 1997 BUCK LAKE CIRCLE TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAVALAS, MICHAEL N 212 S. MONROE STREET TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael N Gavalas* **MICHAEL N GAVALAS** *2/19/04* **224-0204**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #