

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 410032 (7)

1. Corporation Name

PATTISHALL INVESTMENTS, INC.

Principal Place of Business

5100M.POE AVE.
TAMPA FL 33629

Mailing Address

5100M.POE AVE.
TAMPA FL 33629



3. Date Incorporated or Qualified

10/04/1972

3a. Date of Last Report

07/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUSTIN, CHERYL P
5110 POE AVE
TAMPA FL 33629

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

☐ DELETE

1.1 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

P

PATTISHALL, MRS. GLADYS H

5114 POE AVENUE

TAMPA FL 33629

1.2 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

D

WINBORNE, CAROLYN

BOX 187 N/A

MT OLIVE MS 39119

1.3 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

D

AURUNIN, CHARLENE

330 GOLFBROOK CIR #100

LONGWOOD FL 32749

1.4 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

STD

DRAPER, CHERYL B

5110 POL AVE.

TAMPA FL 33629

1.5 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.6 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

☐ DELETE

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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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 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96 813 831-5774

CR2E034 (12/95)