

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

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97 SEP 10 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997

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. 5110 Poe Ave  
TAMPA FL 33629

Mailing Address  
-5100M POE AVE. 5110 Poe Ave  
TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

|                                |  |                        |  |  |  |   |  |
|--------------------------------|--|------------------------|--|--|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br>10/04/1972                                    |  | 3a. Date of Last Report<br>01/24/1996   |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 4. FEI Number<br>59-1432749  |  | Applied For<br>Not Applicable   |  |
| 22 City & State                |  | 27 City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/>                          |  | \$8.75 Additional Fee Required  |  |
| 23 Zip                         |  | 28 Zip                 |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | \$5.00 May Be Added to Fees   |  |
| 24 Country                     |  | 29 Country             |  | 30   |  | 8. This corporation owes or has paid the current year intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent<br>BUSTIN, CHERYL P<br>5110 POE AVE<br>TAMPA FL 33629 |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| 81 Name   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
| 83  |  |  |  | 84 City   |  |  |  |
| 85 Zip Code   |  |  |  | FL  |  |  |  |

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 *Cheryl P. Bustin* DATE *9/1/97*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

|                                       |  |  |  |   |  |  |  |
|---------------------------------------|--|--|--|---|--|--|--|
| 12. OFFICERS AND DIRECTORS            |  |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                       |  |  |  |
| TITLE <input type="checkbox"/> DELETE |  |  |  | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| NAME PATTISHALL, MRS. GLADYS H        |  |  |  | 1.2 NAME  |  |  |  |
| STREET ADDRESS 5114 POE AVENUE        |  |  |  | 1.3 STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP TAMPA FL 33629            |  |  |  | 1.4 CITY-ST-ZIP   |  |  |  |
| TITLE <input type="checkbox"/> DELETE |  |  |  | 2.1 TITLE   |  |  |  |
| NAME WINBORNE, CAROLYN                |  |  |  | 2.2 NAME  |  |  |  |
| STREET ADDRESS BOX 187 N/A            |  |  |  | 2.3 STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP MT OLIVE MS 39119         |  |  |  | 2.4 CITY-ST-ZIP   |  |  |  |
| TITLE <input type="checkbox"/> DELETE |  |  |  | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| NAME AURUNIN, CHARLENE                |  |  |  | 3.2 NAME  |  |  |  |
| STREET ADDRESS 330 GOLFBROOK CIR #100 |  |  |  | 3.3 STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP LONGWOOD FL 32749         |  |  |  | 3.4 CITY-ST-ZIP   |  |  |  |
| TITLE <input type="checkbox"/> DELETE |  |  |  | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| NAME DRAPER, CHERYL B                 |  |  |  | 4.2 NAME  |  |  |  |
| STREET ADDRESS 5110 POL AVE.          |  |  |  | 4.3 STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP TAMPA FL 33629            |  |  |  | 4.4 CITY-ST-ZIP   |  |  |  |
| TITLE <input type="checkbox"/> DELETE |  |  |  | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| NAME                                  |  |  |  | 5.2 NAME  |  |  |  |
| STREET ADDRESS                        |  |  |  | 5.3 STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                           |  |  |  | 5.4 CITY-ST-ZIP   |  |  |  |
| TITLE <input type="checkbox"/> DELETE |  |  |  | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Cheryl P. Bustin* DATE *9/1/97*

CR2E034 (4/97)

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## Pattishall Investments

Cheryl Bustin Draper

Telephone (813) 831-5174

5110 Poe Ave.  
Tampa, Florida 33629

Sept. 4, 1997

Florida Department of State  
Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Dear Sir or Madam;

On May 9, 1997 I sent in the Annual Report for Pattishall Investments with a check in the amount of \$550. Check #316. I never heard anything in return.. A few days ago I received a 2nd notice saying that I had not filed. When I call the 904-488-9000 number they said that a letter was sent to me on June 4, 1997 saying that I had not signed block #11 on the form.. I never received that letter. I was told to call 850-487-6059 #2 and tell them that the form had my wrong address on it and I never received the letter.

Enclosed please find the 2nd notice signed and a check for \$165 for which I was told to do and please see that the address for the place of business is changed to the correct address: 5110 Poe Ave. Tampa, Florida 33629.

My number is 813-831-5174 if you need to reach me.

Thank you.

  
Cheryl Bustin Draper