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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **439485** **(4)**

1. Corporation Name
PATTON GROVES, INC.

Principal Place of Business	Mailing Address
~~138 G FIRST ST~~ 30 Silvercrest Drive HAINES CITY FL 33844	~~138 G FIRST ST~~ 30 Silvercrest Drive HAINES CITY FL 33844

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/07/1973	3a. Date of Last Report: 03/01/1994
2. Principal Place of Business 21	2a. Mailing Address 26: 30 SILVERCREST DRIVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28: HAINES CITY
Zip 24 / Country 25	Zip 29: 33844 / Country 30: USA

4. FEI Number: 59-1502777 ☐ 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

9. Name and Address of Current Registered Agent

PATTON, F J (MRS)
138 FIRST STREET
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

81 Name: FRANK J PATTON, JR
82 Street Address (P.O. Box Number is Not Acceptable): 30 SILVERCREST DRIVE
83
84 City: HAINES CITY **FL** 85 Zip Code: 33844

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] President
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	PATTON, WILLIAM W	1.2 NAME	
STREET ADDRESS	COLLEGE HTS. NW 23	1.3 STREET ADDRESS	
CITY-ST-ZIP	ANDALUSIA AL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	PATTON, JOHN R	2.2 NAME	
STREET ADDRESS	4158 WATERLOO CIR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TUCKER GA	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	PATTON, FRANK J	3.2 NAME	
STREET ADDRESS	~~10030 CLEONE CI~~ 30 Silvercrest Drive	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~PORTLAND OR~~ Haines City, FL 33844	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	

1/31

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)(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 changed, or on an attachment with an address.

SIGNATURE: [signature] FRANK J PATTON, JR 1/17/95 813 422-1300
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0316745 CP