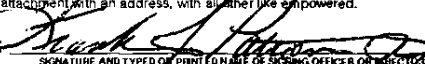


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91165 015 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80112899

DOCUMENT # 439485			
1. Entity Name PATTON GROVES, INC.			
Principal Place of Business 30 SILVERCREST DR. HAINES CITY, FL 33844 US		Mailing Address 30 SILVERCREST DR. HAINES CITY, FL 33844 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 59-1502777	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATTON, FRANK J JR 30 SILVERCREST DR. HAINES CITY, FL 33844		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when missing.) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 15, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State.		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V	TITLE	
NAME	PATTON, WILLIAM W	NAME	
STREET ADDRESS	103 HONEYSUCKEL DR	STREET ADDRESS	
CITY-ST-ZIP	ANDALUSIA, AL 36420	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	PATTON, JOHN R	NAME	
STREET ADDRESS	4168 WATERLOO CIR.	STREET ADDRESS	
CITY-ST-ZIP	TUCKER, GA 30084	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	PATTON, FRANK J	NAME	
STREET ADDRESS	30 SILVERCREST DRIVE	STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY, FL 33844	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		5/1/03 (863) 482-1308	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2034 (10/02)