FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 529738 1. Corporation Name

PATTIE PROPERTIES, INC.

FILED
Apr 19, 1999 8:00 am
Secretary of State
0/4_19_1999 90095 0/3 ***150 00



Principal Place of Business Mailing Address				,				
38216 SPRINGE		38216 SPRINGDALE ROAD						
ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					03/21/1977			
Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For_	
⊢	incipal Place of Business 2a. Walling Address				59-1820545		ot Applicable	
21 26					\$8.75 Additional			
F					5. Certifcate of Status Desired		tequired	
22 27					6. Election Campaign Financing	\$5.00	May Be	
					Trust Fund Contribution		to Fees	
Zip				/	8. This corporation owes the current year Intar	naible		
24	25	29 30	, ´	•		∐ Yes	□No	
24	9. Name and Address of Curren				10. Name and Address of New Registered A	gent		
	5. Name and Address of Outlett	*	81	Name				
PAT	TIE, DONALD A.		82					
38216 SPRINGDALE ROAD				Street Add	dress (P.O. Box Number is Not Acceptable)			
ZEPHYRHILLS FL 33540			83			-		
			33					
			84	City	FL	85 Zip	Code	
				<u></u>		hanging it	e ragistered	
\ office or i	registered agent, or both, in the State :	of Florida. Such change was autho	onzea ov	tne corporat	poration submits this statement for the purpose of clion's board of directors. I hereby accept the appoint	ment as r	egistered	
agent. I a	am familiar with, and accept the obligation	tions of, Section 607.0505, Florida	Statutes	5.				
SIGNATURE								
	Signature, typed or printed name of registered ager			int signature requir	red when reinstating) DATE	DIRECT	ODS IN 12	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	☐ Change		
TITLE	PD	☐ DELETE	1,1 TITLE			criange	Li Addition	
NAME	PATTIE, DONALD A.		1.2 NAME					
STREET ADDRESS	1		1.3 STREE	TADDRESS				
CITY-ST-ZIP	ZEPHYRHILLS FL		1.4 CITY-5	ST-ZIP				
TITLE	D	☐ DELETÉ	2.1 TITLE			Change	Addition	
NAME	PATTIE, MARGUERITE		2.2 NAME		<u> </u>			
- STREET ADDRESS			2.3 STREE	T ADDRESS -	in the second of	~		
CITY-ST-ZIP	ZEPHYRHILLS FL-		2. 4 CITY-	ST-ZIP				
TITLE	TD	☐ DELETE~~	3.1 TITLE			☐ Change	Addition	
NAME	PATTIE, DONALD A.		3.2 NAME				~~	
STREET ADDRESS	***** *********		3.3 STREE	T ADDRESS				
1	ZEPHYRHILLS FL	1	3.4. CITY-	i				
CITY-ST-ZIP	ZETTIRIILES FL	☐ DELETE	4.1 TITLE	U,-EII		Change	Addition	
	1		4. 2 NAME	.				
NAME	1		i					
STREET ADDRESS	1			ET ADDRESS				
CITY-ST-ZIP		— □ BELETE	4.4 C/TY-5			☐ Change	e	
TITLE		☐ DELETE	5.1 TITLE				,	
NAME			5.2 NAME					
STREET ADDRESS	i i			ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-					
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS	5		6.3 STREE	ET ADDRESS				
			6.4 CITY-	ST-ZIP				
CITY-ST-ZIP	1							

14. 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 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, with all other like empowered.

SIGNATURE:

G OFFICER OR DIRECTOR