FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

'95 MAR -3 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 598170 (9)

1. Corporation Name
PATCHINGTON, INC.

Principal Place of Business	Mailing Address
10601 BELCHER ROAD SOUTH LARGO FL 34647-1415 US	10601 BELCHER ROAD SOUTH LARGO FL 34647-1415 US

5379

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/21/1978
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-1872429 ☐ 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

STROHAUER, GARY N.
918 DREW ST.
SUITE #A
CLEARWATER, FL JL 34615

10. Name and Address of New Registered Agent

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 _____ DATE
(If changing Registered Office, Registered Agent must sign. If changing Registered Agent, Registered Agent must sign. If changing both, Registered Agent must sign.) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	☐ Change ☐ Addition	
NAME	WATERS, BURT	12 NAME		
STREET ADDRESS	16107 GULF BLVD	13 STREET ADDRESS		
CITY-ST-ZIP	REDINGTON BCH, FL 00000	14 CITY-ST-ZIP		
TITLE	C	21 TITLE	☐ Change ☐ Addition	
NAME	DOLAN, CAROL H	22 NAME		
STREET ADDRESS	690 ISLAND WAY, #1109	23 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 00000	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	☐ Change ☐ Addition	
NAME	CASEY, PAULA R.	32 NAME		
STREET ADDRESS	2030 MOSS COURT	33 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	34 CITY-ST-ZIP		
TITLE	EP	41 TITLE	☐ Change ☐ Addition	
NAME	MUESKES, EDWARD W.	42 NAME		
STREET ADDRESS	690 ISLAND WAY, #405	43 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP		
TITLE	T	51 TITLE	☐ Change ☐ Addition	
NAME	MENENDEZ, RALPH	52 NAME		
STREET ADDRESS	4740 SOUTHBREEZE DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP		
TITLE		61 TITLE	CFO	☐ Change ☒ Addition
NAME		62 NAME	WATERS, MICHAEL	
STREET ADDRESS		63 STREET ADDRESS	10442 LONGWOOD DR.	
CITY-ST-ZIP		64 CITY-ST-ZIP	LARGO, FL	

14. I 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 above, or on an attachment with an address.

SIGNATURE: Ralph Menendez 3/10/95 (813)544-6800
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number
RALPH MENENDEZ

0043400 CP