

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 604908 (4)

1. Corporation Name

PATTILLO & MCKEEVER & BICE, P.A.

Principal Place of Business

2100 S.E. 17TH STREET
300
OCALA FL 34471
US

Mailing Address

P.O. BOX 1450
OCALA FL 34478-1450
US

3. Date Incorporated or Qualified
12/31/1973

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29

4. FEI Number
59-1498747

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

MCKEEVER, JOHN P
2100 SE 17 ST., STE 300
OCALA FL 32671

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	DOROUGH, JOHN R	
STREET ADDRESS	2100 SE 17 STREET	
CITY- ST- ZIP	OCALA FL	
TITLE	D	DELETE
NAME	LAMBERT, BEVERLY A	
STREET ADDRESS	2297 SE LAUREL RUN DR	
CITY- ST- ZIP	OCALA FL	
TITLE	D	DELETE
NAME	SANDERS, GARY L	
STREET ADDRESS	4707 SE 39TH CT	
CITY- ST- ZIP	OCALA FL	
TITLE	SD	DELETE
NAME	BICE, JEAN A	
STREET ADDRESS	8270 S.E. 3RD. CT.	
CITY- ST- ZIP	OCALA FL	
TITLE	D	DELETE
NAME	MARION, BETTY D.	
STREET ADDRESS	2100 SE 17 STREET	
CITY- ST- ZIP	OCALA FL	
TITLE	D	DELETE
NAME	HAMER, KELLY G.	
STREET ADDRESS	2100 SE 17TH STREET	
CITY- ST- ZIP	OCALA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	GLENNY, DAVID A.
3.4 CITY- ST- ZIP	2100 SE 17 STREET Ocala FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	PATTILLO, ANDREW G., JR.
4.4 CITY- ST- ZIP	2100 SE 17 STREET OCALA FL 34471
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)