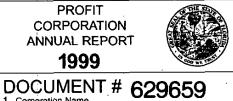
1. Corporation Name



DIVISION OF CORPORATIONS

FILED Mar 22, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

03-22-1999 90106 041 ***150.00

VAL R. F	PATARINI, P.A.							
		·	•					
	<u></u>				-	<u> </u>	i bibis bibil bibil	
Principal Place of Business Mailing Address			•		•	i ·		
128 E MAIN ST 128 E MAIN ST								
PO BOX 608 WAUCHULA FL	PO BOX 608 Wauchula Fl. 33873				DO NOT WRITE IN THIS SPACE			
WADONOLA FE 33073						3. Date Incorporated or Qualifed	 	
						07/13/1979		
2. Principal P	lace of Business	2a. Mailing Address	₹a. Mailing Address			4. FEI Number	Ar	plied For
21	•	26]			59-1906626	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u></u>			5. Certificate of Status Desired	\$8.75	Additional
22		27				3. Certificate of Status Desired	Fee Re	equired
City & Stat	Bennance and the second	City & State	- City & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip Country Zip			Country			8. This corporation owes the current year		No.
24	25	29 3	0			Personal Property Tax.	☐ Yes	Mo
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registere	a Agent	
0.47	ADINI VALD			81	Name			1
Patarini, val r 128 e main st			ŀ	82	Street Addr	ress (P.O. Box Number is Not Acceptable)		{
	E MAIN ST JCHULA FL		L					
WAL		}	83		·		}	
,			-	84	City		. 85 Zip	Code
						F		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the ab	ove-i	named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its	registered aistered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	ations of, Section 607.0505, Florid	a Statu	tes.	ie corporatio	on a board of directors. I horoby decept the ap-		3.4
SIGNATURE	• • • • • • •							
:	Signature, typed or printed name of registered age			Agent s	signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIDECTO	DC IN 12
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	PD	☐ DELETE	1.1 TITLE				Change	
NAME	rarama, tracti		1.2 NA					
STREET ADDRESS	128 E MAIN ST		i .		ODRESS			Į
CITY-ST-ZIP			_	Y-ST-	ZiP		Change	Addition
TITLE		☐ DELETE ·	2.1 TITLE				Change	
NAME			2.2 NAME					
STREET ADDRESS	·		2.3 STRE		NODRESS			
CITY-ST-ZIP				TY-ST-	-ZIP		Change	Addition
TITLE ')	☐ DELETE	3.1 TTLE				CT cuanda	
NAME		3.21						
STREET ADDRESS	•				NDORESS			
CITY-\$T-ZIP			3.4. CITY-		-ZIP		Chagge	Addition
TITLE	\$ 15 min 1 m	☐ DELETE	4.1 TITLE		1		Change	LT MODITION
NAME .	2 . S. C.		4,2 NA		}			
STREET ADDRESS			4.3 STREE					
CITY-ST-ZIP			4.4 CITY-		ZiP		Change	Addition
TITLE .		☐ DELETE	5.1 TITLE				change	L' Addition
NAME			5.2 NA		DDDESC			
STREET ADDRESS			1		ADDRESS			
CITY-ST-ZIP				Y-ST-	ZIP		Chance	☐ Addition
TITLE		DELETE 6.					Change	☐ Addition
NAME			6.2 NA					
STREET ADDRESS	;				ADDRESS	•		
CITY-ST-ZIP	6.4		6.4 CIT	Y-\$T-	ZIP			

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 attack ment and address, with all other like empowered.

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