

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

FILED

Feb 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 644537 (3)
1. Corporation Name
PAT'S BODY SHOP, INC.

Principal Place of Business
504 CENTER ROAD
FORT MYERS FL 33907

Mailing Address
504 CENTER ROAD
FORT MYERS FL 33907



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/08/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1979286	
24 Country		29 Country		30 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 owes or has paid the current year Intangible Personal Property Tax due June 30.				Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DICKMON, PATRICK E 504 CENTER ROAD PAGE PARK FORT MYERS FL 33907				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 reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	DELETE	1.1 TITLE	Change	Addition
NAME	DICKMON, PATRICK E.		1.2 NAME		
STREET ADDRESS	6293 PARK RD.		1.3 STREET ADDRESS		
CITY - ST - ZIP	FT MYERS, FL 00000		1.4 CITY - ST - ZIP		
TITLE	V	DELETE	2.1 TITLE	Change	Addition
NAME	DICKMON, PATRICK E., JR		2.2 NAME		
STREET ADDRESS	18820 SPRUCE DR.		2.3 STREET ADDRESS		
CITY - ST - ZIP	FT MYERS, FL 00000		2.4 CITY - ST - ZIP		
TITLE	ST	DELETE	3.1 TITLE	Change	Addition
NAME	DICKMON, PATRICIA A		3.2 NAME		
STREET ADDRESS	6293 PARK ROAD		3.3 STREET ADDRESS		
CITY - ST - ZIP	FT MYERS, FL 00000		3.4 CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE	Change	Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - 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 attachment with an address.

SIGNATURE: Patricia A. Dickmon Patricia A. Dickmon 2-5-98 941-939-2206

CP2E034 (10/97)