SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

PM 1:06

TALLAHASSEE, FLORIDA

DOCUMENT # 645735

1. Corporation Name

PARTRIDGE ENTERPRISES INC.

Principal Place of Business / Mailing Address

315 CLEVELAND AVE.
P.O. BOX 843
LEHIGH ACRES, FLA. 33970

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified	3a. Date of Last Report
9/11/90	1996

4. FEI Number: 59-1960284 — 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 filing this tax under s. 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

Lawrence C. Partridge
315 Cleveland Ave.
P.O. Box 843
Lehigh Acres, Fla. 33970

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Section 607.0505, 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

12. OFFICER/DIRECTOR DATA

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDCM Lawrence C. Partridge P.O. Box 843 Lehigh Fla. 3397(	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trudy J. Partridge VTSDM P.O. Box 843 Lehigh Fla. 33970	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Warren Fuller M 206 Canton Ave. Lehigh Fla. 33936	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Larry Nipper M 30 Lincoln Ave. Lehigh Fla. 33936	[X] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Joseph Clouse M 315 Cleveland Ave Lehigh Fla. 33970	[X] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS DATA

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Add

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CR2E034 (3/96)

Q. Allen
9-3 96

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 added.

SIGNATURE: Lawrence C. Partridge — Aug. 29, 1996 — 1-941-3686311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence C. Partridge President