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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 02 1997 8:00am
Secretary of State

DOCUMENT # **645735**

(2)

1. Corporation Name

PARTRIDGE ENTERPRISES, INC.



Principal Place of Business

**315 CLEVELAND AVE.
P.O. BOX 843
LEHIGH ACRES FL 33970
US**

Mailing Address

**P.O. BOX 843
LEHIGH ACRES FL 33970-0843
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**PARTRIDGE, LAWRENCE
315 CLEVELAND AVE.
P.O. BOX 843
LEHIGH ACRES FL 33970**

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

TITLE **PDCM** ☐ DELETE

NAME **PARTRIDGE, LAWRENCE C**
STREET ADDRESS **315 CLEVELAND AVE.**
CITY- ST- ZIP **LEHIGH ACRES, FL 00000**

TITLE **VTS** ☐ DELETE

NAME **PARTRIDGE, TRUDY J**
STREET ADDRESS **315 CLEVELAND AVE.**
CITY- ST- ZIP **LEHIGH ACRES, FL 00000**

TITLE **DM** ☐ DELETE

NAME **FULLER, WARREN**
STREET ADDRESS **208 CANTON AVE.**
CITY- ST- ZIP **LEHIGH ACRES FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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 registered agent 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 on an attachment with my address.

SIGNATURE

Lawrence C. Partridge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 29, 1997 941-368-6311

Date

Daytime Phone #

0408079

CR2E034 (9/96)