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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

PARTRIDGE ENTERPRISES, INC.

FILED Jan 20 1998 8:00am Secretary of State

, , , , , , , , , , , , , , , , , , , ,					
Principal Place of Business	ace of Business Mailing Address				-
315 CLEVELAND AVE.	P.O. BOX 843				
P.O. BOX 843 LEHIGH ACRES FL 33970				DO NOT WOITE IN THIS COASE	
LEHIGH ACRES FL 33970 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
US					
2. Principal Place of Business	2a. Mailing Address				11/20/1979 4. FEI Number Applied For
21 26					59-1960284 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22	27	-			5. Certificate of Status Desired Fee Required
City & State	City & State				6. Election Campaign Financing \$5.00 May Be
23	28	-			Trust Fund Contribution Added to Fees
Zip Country	Zip	Cou	untry		8. This corporation owes or has paid the current year Intangible
2425	29	30			Personal Property Tax due June 30. Yes No
9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent
PARTRIDGE, LAWRENCE		-	81	Name	
315 CLEVELAND AVE.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)
P.O. BOX 843			\sqcup	· 	<u> </u>
LEHIGH ACRES FL 33970			83		
			84	City	■■ 85 Zip Code
				•	FL ! `
11. Pursuant to the provisions of Sections 607.050.	2 and 607.1508, Florida Statuti of Florida, Such change was a	es, the a	bove	-named corpo	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obliga	ations of, Section 607.0505, Fig	rida Sta	tutes.		are source of disposors. Thereby accept the appointment as registered
SIGNATURE					
Signature, typed or printed name of registered age 12. OFFICERS ANI		E: Registere	d Agen	nt signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. OFFICERS ANI	DELETE	1.1 T	ITI F		ADDITIONS/CHANGES TO OFFICERS AND SIRECTORS IN 12
NAME PARTRIDGE, LAWRENCE C		1,2 N		j	
STREET ADDRESS 315 CLEVELAND AVE.		1.3 STRE		ADDRESS	
CITY-ST-ZIP LEHIGH ACRES, FL 00000			ITY-ST		·
TITLE VTS	DELETE	2.1 Ti		- ZIF	Change Addition
NAME PARTRIDGE, TRUDY J		2.2 N			
STREET ADDRESS 315 CLEVELAND AVE.		1		ADORESS	
CITY-ST-ZIP LEHIGH ACRES, FL 00000			CITY-ST	I	
TITLE DM	DELETE	3.1 TI		1-21	☐ Change ☐ Addition
NAME FULLER, WARREN	3.2 NAI		AME		·
STREET ADDRESS 206 CANTON AVE.	3.3 STF		TREET /	ADDRESS	
CITY-ST-ZIP LEHIGH ACRES FL	3.4. CIT		: STY-S1	T-ZIP	
TITLE	DELETE	4.1 Ti			Change Addition
NAME		4. 2 N	IAME		
STREET ADDRESS		4.3 ST	TREET A	ADDRESS	
CITY-ST-ZIP		4.4 C	ITY-ST	r- ZiP	
TITLE	DELETE	5.1 Ti	TLE		Change Addition
NAME		5.2 N	AME		
STREET ADDRESS		5.3 S	TREET A	ADDRESS	
CITY-ST-ZIP		5.4 CI	ITY-ST	<u>- ZIP</u>	
TITLE	DELETE	6.1 TI	ITLE		Change Addition
NAME		6.2 N	AME	.	
STREET ADDRESS		6,3 S	TREET A	ADDRESS	
CITY-ST-ZIP		6.4 Ci	ITY-ST	- ZIP	
14. I hereby certify that the information supplied wi	th this filing does not qualify for	the exe	empti	ion stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information a shall have the same legal effect as if made under oath; that I am an

cute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Jan.6,1998

941-368-6311