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PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 689787 (0)

1. Corporation Name

PATTI'S DISTINCTIVE DESIGNS, INC.

Principal Place of Business	Mailing Address
C/O JOHN SCHMALZ 33389 U.S. 19 NORTH PALM HARBOR FL 34684	C/O JOHN SCHMALZ 33389 U.S. 19 NORTH PALM HARBOR FL 34684

3. Date Incorporated or Qualified: 10/01/1980
3a. Date of Last Report: 02/28/1995
4. FEI Number: 59-1944523 ☐ 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 intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 32293 US HWY 19 N.	26 32293 US HWY 19 N.
22 Suite, Apt. #, etc. ∅	27 Suite, Apt. #, etc.
23 City & State PALM HARBOR FLA	28 City & State PALM HARBOR FLA
24 Zip 34684 / 25 Country PIN	29 Zip 34684 / 30 Country PIN

9. Name and Address of Current Registered Agent

SCHMALZ, JOHN
33389 U.S. 19 NORTH
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 32293 US HWY 19 N.
83 ∅
84 City PALM HARBOR FL 85 Zip Code 34684

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 John A. Schmalz
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	SCHMALZ, JOHN A	1 2 NAME	
STREET ADDRESS	325 CYPRESS CREEK CIRCLE	1 3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34677	1 4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	SCHMALZ, TRUDY E	2 2 NAME	
STREET ADDRESS	325 CYPRESS CREEK CIRCLE	2 3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34677	2 4 CITY-ST-ZIP	
TITLE	☐ DELETE	3 1 TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME		3 2 NAME	RHONDA R. COYLE
STREET ADDRESS		3 3 STREET ADDRESS	2646 ST. ANDREWS DR.
CITY-ST-ZIP		3 4 CITY-ST-ZIP	CLEARWATER FLA. 34621
TITLE	☐ DELETE	4 1 TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME		4 2 NAME	MARY ANN LOCKHART
STREET ADDRESS		4 3 STREET ADDRESS	13109 OAK ST.
CITY-ST-ZIP		4 4 CITY-ST-ZIP	ODESSA FLA. 33556
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: John A. Schmalz 3-4-96 813 8556639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)