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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

Apr 14 1998 8:00am Secretary of State

	1998	DIVISION OF C	CORPORATION	ins   Secretary of State
	MENT # 69340 VEED PATCH, INC.	(6)		
Principal Plac	ce of Business	Mailing Address		
	519 S BONITA AVE 519 S BONITA AVE			
PANAMA CI		PANAMA CITY FL 32401		DO NOT WOLFE IN THE COACE
				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
				07/01/1981
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		<b>59-2105432</b> Not Applicable
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
City & Stat	10	City & State		Fee Required
23	10	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. 🕡 Yes 🔲 No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent
	ARKINS, MARY C.		81 1	Name
	519 S. BONITA AVENUE			Street Address (P.O. Box Number is Not Acceptable)
P/	ANAMA CITY FL 32401		83	
			B4 C	City FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	es, the above-na	
office or a agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obt	te of Florida. Such change was a ligations of, Section 607.0505, Flo	authorized by th orida Statutes.	named corporation submits this statement for the purpose of changing its registered the corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Mun ( Kd	King)		4-2-98
	Signature, typed or purified name of registered a			t signature required when reinstaling)  DATE  DATE
12.	OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	LARKINS, MARY C.		1.2 NAME	Ciscigo Circuiton
STREET ADDRESS	519 S. BONITA AVENUE		1.3 STREET ADD	ADDRESS
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY - ST - ZI	
TITLE		DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADD	DORESS
CITY-ST-ZIP		T or ere	2.4 CITY-ST-Z	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME OTDOOT ADDRESS	ļ		3.2 NAME 3.3 STREET ADD	nonrec
STREET ADDRESS CITY-ST-ZIP			3.4. CITY - ST - Z	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADD	OORESS
CITY-ST-ZIP			4.4 CITY-ST-ZI	- ZIP
TITLE		☐ DELETE	5.1 TITLE	Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADD	Y
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZI	-ZIP Change Addition
TITLE		I / DELETE	6.1 TITLE	L CHANGE L AQUIRUN

14. Thereby 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 suppliemental 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

Miles List Small Resident 48-96