

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F32833 (8)

1. Corporation Name

JIMMIE F. PATE, SR CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

C/O JIMMIE F PATE SR
147 WOODLAND DRIVE
WINTER HAVEN FL 33881

C/O JIMMIE F PATE SR
147 WOODLAND DRIVE
WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1981

4. FEI Number

59-2090054

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 2114 Palm Nut Drive

Suite, Apt. #, etc.

22

City & State

23 Winter Haven, Florida

Zip

24 33881

Country

25 Polk

2a. Mailing Address

26 2114 Palm Nut Drive

Suite, Apt. #, etc.

27

City & State

28 Winter Haven, Florida

Zip

29 33881

Country

30 Polk

9. Name and Address of Current Registered Agent

PATE SR, JIMMIE F
147 WOODLAND DR
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2114 Palm Nut Drive

83

84 City

Winter Haven

FL

85 Zip Code

33881

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 ☐ DELETE

NAME DST
PATE, SHIRLEY F
STREET ADDRESS 147 WOODLAND DR
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ DELETE

NAME DP
PATE, JIMMIE F SR
STREET ADDRESS 147 WOODLAND DRIVE
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ DELETE

NAME VP
PATE, ROGER D.
STREET ADDRESS 147 WOODLAND DR
CITY-ST-ZIP WINTER HAVEN 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

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS 2114 Palm Nut Drive
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS 2114 Palm Nut Drive
24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition

32 NAME
33 STREET ADDRESS 2114 Palm Nut Drive
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I 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 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-98 941-294-1301
Date Daytime Phone # 0415820

CP2E034 (10/97)