## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

PAT MILLS ENTERPRISES, INC.

## **FILED** Jul 22, 1999 8:00 am Secretary of State

07-22-1999 90008 028 \*\*\*150.00

Principal Place of Busi	ness	Mailing Add	tress		_						
24940 PALM LN SUMMERLAND KEY FL 33042		POST OFFICE BOX 420493									
		SUMMERLAND KEY FL 33042									
US							DO NOT WRITE  3. Date Incorporated or Qualified	IN THIS SE	ACE		٦ .
							11/09/1981				
2. Principal Place of Business		2a. Mailing	2a. Mailing Address				4. FEI Number Applied For				
21		26					59-2240246	Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional				
22		27						Fee Req	<u> </u>	ļ	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
23 Zip	Country	Zip		Cou	intry		This corporation owes the current	tvesr	Added to	1 563	-
24	25	29		30			Intangible Personal Property.		Yes 🗌	No	{
	ame and Address of Current	_ <del></del>	ent	155.	Ι		10. Name and Address of New Re	gistered Ag	ent		1
MILCO					81	Name					1
MILLS, P 24940 PALM				82	Street Addre	ddress (P.O. Box Number is Not Acceptable)				1	
SUMMERLA											
	10 1121 12 00072				83						ĺ
					84	City			85 Zip Co	ode	1
44 =			Clarit OLLA	- Ab - 1	ليا		41 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	FL	ito roo	intone d	┨
office or registere	ed agent, or both, in the State of artificial artificia	of Florida. Such	change was	authorize	d by	the corporatio	ation submits this statement for the purp n's board of directors. I hereby accept	the appointm	ient as regi	stered	
SIGNATURE	typed or printed name of registered agent	and title if applicable.	(N	OTE: Registe	red Ag	gent signature requi	red when reinstating)	DATE			_
12. OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE PDS			OELETE	1.1 TF	TLΕ				Change	Addition	5.
	, PATRICK G			1.2 N/	AME						R2E034
	X 420493 N/A			1.3 ST	REET	ADDRESS					
	ERLAND KEY FL 33042		<del></del> _	_	TY-ST-	-ZiP					5
TITLE	Lastany Abbi-		DELETE	2.1 TI				L	Change [	Addition	}
DO 80	ll <del>; Mary-ann</del> )x 420493 n/a			2.2 N/		ADDOCCO					ĺ
CUMA	ERLAND KEY FL 33042					ADDRESS					
TITLE SUMIN	ENDING NET TE GOOTE		DELETE	3.1 T/	TY-ST-	-ZIP			Change	Addition	1
NAME		L	00000	3.2 NA				<del></del>	Onlingo L		l
STREET ADORESS				3397		ADORESS					į
CITY-ST-ZIP				3.5 01	KEEL						
TITLE				- 1	TY-ST-	-ZIP					
NAME	<u></u>	[	DELETE	- 1	TY-ST-	-ZIP			Change [	Addition	1
		[	DELETE	3.4 CI	ty-st- Tle	-ZIP			Change [	Addition	
STREET ADDRESS	****	[	DELETE	3.4 CI 4.1 TI 4.2 NA	ty-st- tle ame	ADDRESS			Change [	Addition	
CITY-ST-ZIP		[		3.4 CI 4.1 TI 4 2 NA 4.3 ST 4.4 CI	TY-ST- TLE AME TREET / TY-ST-	ADDRESS			Change [		
CITY-ST-ZIP TITLE		[	DELETE	3.4 CI 4.1 TI 4.2 NA 4.3 ST 4.4 CI 5.1 TI	TY-ST- TLE AME TREET / TY-ST- TLE	ADDRESS			Change Change	Addition Addition	
CITY-ST-ZIP TITLE NAME	// //	[		3.4 CI 4.1 TI 4.2 NA 4.3 ST 4.4 CI 5.1 TI 5.2 NA	TY-ST- TLE AME TREET TY-ST- TLE AME	ADDRESS -ZIP					
CITY-ST-ZIP TITLE NAME STREET ADDRESS		[		3.4 CI 4.1 TI 4.2 NA 4.3 ST 4.4 CI 5.1 TI 5.2 NA 5.3 ST	TY-ST- TLE AME TY-ST- TLE AME TREET	ADDRESS ADDRESS					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		[	DELETE	3.4 CI 4.1 TT 4.2 NA 4.3 ST 4.4 CI 5.1 TT 5.2 NA 5.3 ST 5.4 CI	TY-ST- TLE TY-ST- TLE AME TY-ST- TLE TY-ST- TY-ST- TY-ST-	ADDRESS ADDRESS			Change [	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		[		3.4 CI 4.1 TI 4.2 NA 4.3 ST 4.4 CI 5.1 TI 5.2 NA 5.3 ST 5.4 CI 6.1 TI	TY-ST- TLE TY-ST- TLE AME TREET TREET TY-ST- TLE	ADDRESS ADDRESS					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		[	DELETE	3.4 CI 4.1 TI 4.2 NA 4.3 ST 4.4 CI 5.1 TI 5.2 NA 5.3 ST 5.4 CI 6.1 TI 6.2 NA	TY-ST- TLE TREET TY-ST- TLE TREET TY-ST- TLE TY-ST- TLE	ADDRESS  ADDRESS  .ZIP			Change [	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		[	DELETE	3.4 CI 4.1 TI 4.2 NA 4.3 ST 4.4 CI 5.1 TI 5.2 NA 5.3 ST 5.4 CI 6.1 TI 6.2 NA 6.3 ST	TY-ST- TLE TREET TY-ST- TLE TREET TY-ST- TLE TY-ST- TLE	ADDRESS ADDRESS ADDRESS ADDRESS			Change [	Addition	

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 chapsed, or on an attachment with an address.

SIGNATURE:

≣.∄

