

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra D. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 24 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F94000003949 (4)**  
1. Corporation Name  
**PATEX INTERNATIONAL, INC.**

Principal Place of Business: **P.O. BOX 12445 PENSACOLA FL 32582**  
Mailing Address: **P.O. BOX 12445 PENSACOLA FL 32582**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/28/1994**  
3a. Date of Last Report: \_\_\_\_\_  
4. FEI Number: **59-2316335**  
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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **BENSON, PATRICIA  
316 S. BAYLEN ST., #501  
PENSACOLA FL 32501**  
10. Name and Address of New Registered Agent: 81 Name: **Same**  
82 Street Address (P.O. Box Number is Not Acceptable): **4300 Bayou Blvd., Suite 36**  
83 \_\_\_\_\_  
84 City: **Pensacola** FL 85 Zip Code: **32503**

I, 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, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSID</b>	1.1 TITLE	<b>Same</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENSON, PATRICIA</b>	1.2 NAME	<b>Same</b>
STREET ADDRESS	<b>316 S. BAYLEN ST., #501</b>	1.3 STREET ADDRESS	<b>4300 Bayou Blvd., Suite 36</b>
CITY - ST - ZIP	<b>PENSACOLA FL 32501</b>	1.4 CITY - ST - ZIP	<b>Pensacola, FL 32503</b>
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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 affidavit.

SIGNATURE: X *Patricia Benson* x 3/17/95 x 9690633  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **PATRICIA BENSON**  
(Date) (Typed Name)