PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # F9600000036

1. Corporation Name

MACKENZIE PATTERSON, INC.

Principal Place of Business							
1640 SCHOOL ST., STE, 100							
MORAGA CA 94556							

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

1640 SCHOOL ST., STE, 100 MORAGA CA 94556

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90174 044 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

01/02/1996 4. FEI Number

68-0151215

- Cuito, 7 (pt.)	., 0.0.	27			5. Certificate of Status Desired	Fee Red	quired	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
¬ '	•	28			Trust Fund Contribution	Added to	•	
Zip	Country	Zip	Country	y	8. This corporation owes the current year	ntangible		
24	25	29	30	•	Personal Property Tax.		□No	
	9. Name and Address of Current		11		10. Name and Address of New Registere	d Agent		
			81	Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
			84	City	F	L 85 Zip C	Joue	
11 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida State	utes, the abov	/e-named cor	poration submits this statement for the purpose	of changing its	registered	
office or r	registered agent, or both, in the State o	of Florida. Such change was	authorized by	/ the corporat	tion's board of directors. I hereby accept the app	ointment as reg	jistered	
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0303, 1	ionua Statute	J.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO)	TE: Registered Age	nt signature requir	red when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	CPT	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	PATTERSON, CHARLES E		1.2 NAME					
STREET ADDRESS	4040 00H00H 0T #400		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	MORAGA CA 94556		1.4 CITY-5	ST-ZIP				
TITLE	CVS	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	PATTERSON, BERNIECE A		2.2 NAME					
STREET ADDRESS	1640 SCHOOL ST. #100		2.3 STREE	TADDRESS				
CITY-ST-ZIP	MORAGA CA 94556		2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE	-:-		Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	ET ADDRESS				
C/TY-\$T-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4,1 TITLE			Change	☐ Addition	
NAME			4. 2 NAME	<u> </u>				
STREET ADDRESS			4.3 STREE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME	·		5.2 NAME					
STREET ADDRESS			5.3 STREE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-					
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREI	ET ADDRESS				
CITY-ST-ZIP			6.4 CITY-			 : 		
AA I bosobu	certify that the information supplied wit	h this filing does not qualify	for the exemp	tion stated in	Section 119.07(8)), Florida Statutes. I further	certify that the inder oath: that t	nformation I am an	
indicated officer or	director of the corporation or the recei	ver or trustee empowered to	execute this	report as req	ire shall have the same legal effect as if made u uired by Chapter 607, Florida Statutes; and that	my name appe	ears in	
Block 12	or Block 13 if changed, or on an attack	hment with an address, with	all other like of	empowered	11////	•		