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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90122 035 ***150.00

DOCUMENT # 1. Corporation Name G31469

PATTESO	N, INC.							
Principal Place	of Business	Mailing Address						
% R. RODERICK PATTESON % R. RODERICK PATTESON								
609 LUGANO CT		609 LUGANO CT.				DO NOT WRITE IN THIS	SPACE	
SANFORD FL 32		SANFORD FL 32771				3. Date Incorporated or Qualifed		
US	US				03/29/1983			
						4. FEI Number	Appl	ied For
2. Principal Place of Business		2a. Mailing Address				59-2273402	Not /	Applicable
21		26			-		\$8.75 Ad	ditional
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Req	uired
22		City & State				6. Election Campaign Financing	\$5.00 ⋈	lay Be
City & State		<u> </u>				Trust Fund Contribution	Added to	Fees
23		Zip	Coun	trv		8. This corporation owes the current year In	tangible	Ì
Zìp	Country	<u> </u>	30	.,		Personal Property Tax.	Yes L	No
24	9. Name and Address of Currer					10. Name and Address of New Registered	Agent	
	9. Name and Address of Curre	it Registered Agent		81	Name			-
DATT	eson, R. Roderick		L			ress (P.O. Box Number is Not Acceptable)		
	UGANO CT.		i i	82	Street Addi	ress (P.O. Box Number is Not Noceptable)		
	ORD FL 32771		<u> </u>	83				
SAIN	OND IL SZITI		L				85 Zip Ci	ode
				84	City	FI		,de
11. Pursuant t office or re agent. I ar	o the provisions of Sections 607.050 gistered agent, or both, in the State n familiar with, and accept the obliga	02 and 607.1508, Florida Statute of Florida. Such change was au ations of, Section 607.0505, Flori	s, the ab thorized ida Statu	by tes.	-named corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	intment as reg	istered
SIGNATURE	Signature, typed or printed name of registered age	out and title if applicable (NOTE:	Registered	Agent	t signature require	red when reinstating) DATE		
	Signature, typed or printed name or registered age	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PSTD	☐ DELETE	1.1 TIT	LΕ			Change	Addition
	PATTESON, R. RODERICK		1.2 NA 1.3 ST					}
NAME	609 LUGANO CT.				FADDRESS			
STREET ADDRESS	SANFORD FL		1.4 CIT	ry-81	T-ZIP			- Addition
CITY-ST-ZIP	SAINTOND IL	☐ DELETE	2.1 TIT	LE			Change	☐ Addition
			2.2 NA	ME	İ			ĺ
NAME			2.3 ST	REET	T ADDRESS			
STREET ADDRESS			2. 4 C	ITY-S	ST-ZIP	<u> </u>		
CITY-ST-ZIP		☐ DELETE	3.1 TI	TLE			Change	Addition
			3.2 NA	WE.	İ			
NAME STREET ADDRESS			3.3 ST	REE	T ADDRESS	•		
1			3.4. C	ITY-S	ST-ZIP			Addition
CITY-ST-ZIP		☐ DELETE	4.1 TI	TLE			Change	☐ Addicon
NAME			4. 2 N	AME				
			4.3 ST	TREE	TADDRESS			
STREET ADDRESS			4.4 C	ITY-S	ST-ZIP		- Change	Addition
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TI	TLE			☐ Change	
NAME			5.2 N		I			
STREET ADDRESS			5.3 S	TREE	ET ADDRESS			
			5.4 C	ПҮ-8	ST-ZIP			Addition
CITY-ST-ZIP TITLE		☐ DELETE	6.1 T	TLE			☐ Change	☐ Addition
			6.2 N	AME	Ì			
NAME			6.3 S	TREE	ET ADDRESS			
STREET ADDRESS	"		6.4 C	TY-S	ST-ZIP			information.

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, with all other like empowered. CITY-ST-ZIP

SIGNATURE: