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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # **G364**3

F	ILED	
May 07	1997	8:00am
Secret	ary of	State

0394141

Principal Plac FRED W. PA 59 EAST LAKE HAINES CITY F	RODUCE SA se of Business ATTERSON DR	G3643 NLES, INC.	Mai( % FF 59 E	(8) Ing Address RED W. PATTERSO AST LAKE DR IES CITY FL 33844			3. Date Incorporated			ate of Last	
							04/29/1983	or Qualified		19/1996	16port
-1	Pade of Busines	\$	<b>├</b> ─┐	Mailing Address			4. FEI Number 59-2280043			<u> </u>	pplied For
Suite, Apt	#, etc.		26	Suite, Apt #, etc.							ot Applicabl Additional
2	······································		27		···	····	5. Certificate of Statu				equired
City & Stat	lo		28	Crty & State			6. Election Campaign Trust Fund Contrib	_			May Be to Fees
Zιρ	· · · · · · · · · · · · · · · · · ·	Country		Zip	Cou	ntry	8. This corporation h				
4	25		29		30	·	Florida Statutes	•	Yes	No	
		d Address of Cur	rrent Registe	ered Agent		B1 Name	10. Name and Addre	as of New R	registered .	Agent	
	Terson, fre East lake Df							Not Assess	-141-3		
	NES CITY FL 3				I		dress (P.O. Box Number is	Not Accept	abie)		
					I	83					
						84 City			FL	85 Zip	Code
	to the provision	e of Sactions 607 I	0502 and 603	7 4600 Fire o	atutos the el		The state of the s	ment for the		f changing	its registere
office or agent. La	registered agen am familiar with,	t, or both, in the St and accept the of	tate of Florida bligations of,	7,1508, Florida St. a. Such change w Section 607.0505	as authorize , Florida Stat	pove-named cor d by the corpora utes.	rporation submits this state ation's board of directors.	hereby acc	ept the app	Koli ni ni eni a	registered
agent La SIGNATURE 12.	sm ramiliar with, Signature, typed or p	and accept the di	digations of,	applicable (	(NOTE Registere	d Agent signature requ	rporation submits this state altion's board of directors. uired when reinstating)  ADDITIONS/CHANG		DATÉ	DIRECTO	RS IN 12
agent La SIGNATURE 12.	Signature, type 1 or p	and accept the or winted name of registered OFFICERS	d agen and little if	applicable applicable	(NOTE Registere	d Agent signature requ ILE	juired when rainstating)		DATÉ		
agent i a SIGNATURE 12. Tille NAME	sm ramiliar with, Signature, typed or p	and accept the of writted name of registered OFFICERS	d agen and little if	applicable (	(NOTE Registere 13. 1.1 Ti 1.2 No	d Agent signature requ ILE	juired when rainstating)		DATÉ	DIRECTO	RS IN 12
AGENTURE  SIGNATURE  12.  TILLE  NAME  STREET ADDRESS	Signature, typed or p  DP PATTERSON	and accept the of winted name of registered OFFICERS I, FRED W KE DR	d agen and little if	applicable (	(NOTE Registere 13. 1.1 TI 1.2 No. 1.3 SI	d Agent signature required.  ILE	juired when rainstating)		DATÉ	DIRECTO	RS IN 12
11. Pursuant office or agent 1 a SIGNATURE  12. TITLE NAME STREEL ADDRESS CHY ST-71P TITLE	DP PATTERSON 59 EAST LA HAINES CIT	of FICERS  I, FRED W KE DR Y, FL 00000	d agen and little if	applicable (	(NOTE Registere  13. 1.1 TI 1.2 No. 1.3 S1 1.4 C1 2.1 TI	J Agent eignature requirements ILE IME REET ADDRESS TY-ST-ZIP ILE	juired when rainstating)		DATÉ	DIRECTO	RS IN 12
agent Ta SIGNATURE 12. TOLE NAME STREET ADDRESS CITY ST-71P TILLE	DP PATTERSON 59 EAST LA HAINES CIT D WARREN, N	of FICERS  I, FRED W KE DR Y, FL 00000  ORMAN O.	d agen and little if	applicable (ORS DELETE	(NOTE Registere 13. 1.1 Ti 1.2 No 1.3 St 1.4 Ci 2.1 Ti 2.2 No 2.1 Ti 2.2 No 2.1 Ti 2.2 No 2.1 Ti 2.2 No 3.3 St 1.4 Ci 2.2 Ti 2.2 No 3.3 St 1.4 Ci 2.2 Ti 2.2 No 3.3 St 1.4 Ci 2.2 Ti 2.2	J Agent eignature requirements ILE IME REET ADDRESS TY-ST-ZIP ILE IME	juired when rainstating)		DATÉ	D DIRECTO Change	RS IN 12 ☐ Additid
AGENTURE  12. TOLE NAMI STREEL ADDRESS CHY-ST-7IP TILLE NAME STREEL ADDRESS	DP PATTERSON 59 EAST LA HAINES CIT D WARREN, N 330 W. LAK	of FICERS  I, FRED W KE DR Y, FL 00000  ORMAN O. E OTIS DR	d agen and little if	applicable (ORS DELETE	(NOTE Registere  13. 1.1 TI 1.2 No 1.3 SI 1.4 CI 2.1 TI 2.2 No 2.3 SI 2.3 SI	J Agent aignature requirements  J Agent aignature requirements	uired when rainstating)		DATÉ	D DIRECTO Change	RS IN 12 ☐ Additid
AGENTURE  12. TOLE NAM! STREEL ADDRESS CITY: ST-7IP TILLE NAME STREEL AUDRESS CITY: ST-7IP	DP PATTERSON 59 EAST LA HAINES CIT D WARREN, N	of FICERS  I, FRED W KE DR Y, FL 00000  ORMAN O. E OTIS DR	d agen and little if	applicable (ORS DELETE	(NOTE Registere  13. 1.1 TI 1.2 No 1.3 SI 1.4 CI 2.1 TI 2.2 No 2.3 SI 2.3 SI	J Agent eignature requirements  J Agent eignature requirements	uired when rainstating)		DATÉ	D DIRECTO Change	RS IN 12 ☐ Additid
AGENT TA SIGNATURE  12. TILE NAME STREET ADDRESS CITY ST-7IP	DP PATTERSON 59 EAST LA HAINES CIT D WARREN, N 330 W. LAK	of FICERS  I, FRED W KE DR Y, FL 00000  ORMAN O. E OTIS DR	d agen and little if	applicable FORS  DELETE	(NOTE Registere  13. 1.1 Ti 1.2 No 1.3 Si 1.4 Ci 2.1 Ti 2.2 No 2.3 Si 2.4 Ci	J Agent signature requirements  J Agent signature requirements	uired when rainstating)		DATÉ	DIRECTO Change	RS IN 12 Additio
agent 1 a SIGNATURE  12. TOLE NAME STREET ADDRESS CHY-ST-7IP TILLE NAME STREET AUGRESS CHY-ST-ZIP TILLE TILLE TILLE NAME	DP PATTERSON 59 EAST LA HAINES CIT D WARREN, N 330 W. LAK	of FICERS  I, FRED W KE DR Y, FL 00000  ORMAN O. E OTIS DR	d agen and little if	applicable FORS  DELETE	(NOTE Registere  13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N	J Agent signature requirements  J Agent signature requirements	uired when rainstating)		DATÉ	DIRECTO Change	RS IN 12 Additio
agent 1 a SIGNATURE  12. THE NAME STREET ADDRESS CHY-ST-7IP HILL NAME STREET AUGRESS CHY-ST-7IP HILL NAME STREET ADDRESS CHY-ST-7IP	DP PATTERSON 59 EAST LA HAINES CIT D WARREN, N 330 W. LAK	of FICERS  I, FRED W KE DR Y, FL 00000  ORMAN O. E OTIS DR	d agen and little if	applicable  IOPIS  DELETE  DELETE	(NOTE Registere 13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C	J Agent signature requirements  J Agent signature requirements	uired when rainstating)		DATÉ	Change  Change	RS IN 12 Addition Addition
agent 1a SIGNATURE  12. THE NAME STREET ADDRESS CHY-ST-7IP THE NAME STREET AUDRESS CHY-ST-7IP THE NAME STREET AUDRESS CHY-ST-7IP THE	DP PATTERSON 59 EAST LA HAINES CIT D WARREN, N 330 W. LAK	of FICERS  I, FRED W KE DR Y, FL 00000  ORMAN O. E OTIS DR	d agen and little if	applicable FORS  DELETE	(NOTE Registere 13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI	J Agent signature requirements  J Agent signature requirements	uired when rainstating)		DATÉ	DIRECTO Change	RS IN 12 Additio
agent 1a SIGNATURE  12. THE NAME STREET ADDRESS CHY-ST-7IP THE NAME	DP PATTERSON 59 EAST LA HAINES CIT D WARREN, N 330 W. LAK	of FICERS  I, FRED W KE DR Y, FL 00000  ORMAN O. E OTIS DR	d agen and little if	applicable  IOPIS  DELETE  DELETE	(NOTE Registere 13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N	J Agent signature requirements  ILE  ILE  ILME  REET ADDRESS  TY-ST-ZIP  ILE  ILE  ILE  ILE  ILE  ILE  ILE  I	uired when rainstating)		DATÉ	Change  Change	RS IN 12 Addition Addition
agent 1a SIGNATURE  12. TOLE NAME STREET ADDRESS CHY-ST-7IP TOLE NAME STREET ADDRESS CHY-ST-7IP TITLE NAME STREET ADDRESS CHY-ST-7IP TITLE NAME STREET ADDRESS CHY-ST-7IP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	DP PATTERSON 59 EAST LA HAINES CIT D WARREN, N 330 W. LAK	of FICERS  I, FRED W KE DR Y, FL 00000  ORMAN O. E OTIS DR	d agen and little if	applicable  IOPIS  DELETE  DELETE	(NOTE Registere 13. 1.1 Ti 1.2 Ni 1.3 St 1.4 Ci 2.1 Ti 2.2 Ni 2.3 St 2.4 Ci 3.1 Ti 3.2 Ni 3.3 St 3.4 Ci 4.1 Ti 4.2 Ni 4.3 St	J Agent signature requirements  ILE  ILE  ILE  ILE  ILE  ILE  ILE  IL	uired when rainstating)		DATÉ	Change  Change	RS IN 12 Addition Addition
agent 1a SIGNATURE  12. THE NAME STREET ADDRESS CHY-ST-7IP	DP PATTERSON 59 EAST LA HAINES CIT D WARREN, N 330 W. LAK	of FICERS  I, FRED W KE DR Y, FL 00000  ORMAN O. E OTIS DR	d agen and little if	applicable  IOPIS  DELETE  DELETE	(NOTE Registere 13. 1.1 TI 1.2 N 1.3 ST 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 SI 4.4 CI	J Agent signature requirements  J Agent signature requirements	uired when rainstating)		DATÉ	Change  Change	RS IN 12 Addition Addition
agent 1a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET AUDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP	DP PATTERSON 59 EAST LA HAINES CIT D WARREN, N 330 W. LAK	of FICERS  I, FRED W KE DR Y, FL 00000  ORMAN O. E OTIS DR	d agen and little if	applicable  IOAS  DELETE  DELETE	(NOTE Registere 13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 4. C 4.1 TI 4.2 N 4.3 SI 4.4 CI	J Agent signature requirements  ILE  ILE  ILME  REET ADDRESS  TY-ST-ZIP  ILE  ILE  ILE  ILE  ILE  ILE  ILE  I	uired when rainstating)		DATÉ	Change  Change	RS IN 12 Addition Addition Addition Addition
agent Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DITCE NAME STREET ADDRESS CITY-ST-ZIP DITCE NAME STREET ADDRESS CITY-ST-ZIP	DP PATTERSON 59 EAST LA HAINES CIT D WARREN, N 330 W. LAK	of FICERS  I, FRED W KE DR Y, FL 00000  ORMAN O. E OTIS DR	d agen and little if	applicable  IOAS  DELETE  DELETE	(NOTE Registere  13. 1.1 Ti 1.2 Ni 1.3 St 1.4 Ci 2.1 Ti 2.2 Ni 2.3 S' 2.4 Ci 3.1 Ti 3.2 Ni 3.3 S' 3.4 Ci 4.1 Ti 4.2 Ni 4.3 St 4.4 Ci 5.1 Ti 5.2 Ni	J Agent signature requirements  ILE  ILE  ILME  REET ADDRESS  TY-ST-ZIP  ILE  ILE  ILE  ILE  ILE  ILE  ILE  I	juired when rainstating)		DATÉ	Change  Change	RS IN 12 Addition Addition Addition Addition
agent 1a SIGNATURE  12. Title NAME STREET ADDRESS CITY-ST-7IP	DP PATTERSON 59 EAST LA HAINES CIT D WARREN, N 330 W. LAK	of FICERS  I, FRED W KE DR Y, FL 00000  ORMAN O. E OTIS DR	d agen and little if	Applicable TORS DELETE DELETE DELETE	(NOTE Registere 13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 N 5.3 S 5.4 C	J Agent signature requirements  ILE  IME  REET ADDRESS  TY-ST-ZIP  ILE  IMME  REET ADDRESS  ITY-ST-ZIP  ILE  IMME  REET ADDRESS  ITY-ST-ZIP  ILE  AME  REET ADDRESS  ITY-ST-ZIP	juired when rainstating)		DATÉ	Change  Change  Change	RS IN 12 Addition Addition Addition Addition Addition Addition
agent 1a SIGNATURE  12. TOLE NAME STREET ADDRESS CHY-ST-7IP TOLE NAME STREET ADDRESS CHY-ST-7IP TITLE NAME STREET ADDRESS CHY-ST-7IP	DP PATTERSON 59 EAST LA HAINES CIT D WARREN, N 330 W. LAK	of FICERS  I, FRED W KE DR Y, FL 00000  ORMAN O. E OTIS DR	d agen and little if	applicable  IOAS  DELETE  DELETE	(NOTE Registere  13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 S' 2.4 C 3.1 TI 3.2 N 3.3 S' 4.4 CI 4.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 N 5.3 S' 5.4 C 6.1 TI	J Agent signature requirements  ILE  ILE  ILE  ILE  ILE  ILE  ILE  IL	juired when rainstating)		DATÉ	Change  Change	RS IN 12 Addition Addition Addition Addition
agent 1 a SIGNATURE  12. TOLE NAME STREET ADDRESS CHY-ST-7IP TOLE NAME STREET ADDRESS CHY-ST-7IP TITLE NAME	DP PATTERSON 59 EAST LA HAINES CIT D WARREN, N 330 W. LAK	of FICERS  I, FRED W KE DR Y, FL 00000  ORMAN O. E OTIS DR	d agen and little if	Applicable TORS DELETE DELETE DELETE	(NOTE Registere  13. 1.1 Ti 1.2 No 1.3 St 1.4 Ci 2.1 Ti 2.2 No 2.3 St 2.4 Ci 3.1 Ti 3.2 No 3.3 St 3.4 Ci 4.1 Ti 4.2 No 4.3 St 4.4 Ci 5.1 Ti 5.2 No 5.3 St 5.4 Ci 6.1 Ti 6.2 No 6.2 Ti 6.	J Agent signature requirements  ILE  ILE  ILE  ILE  ILE  ILE  ILE  IL	juired when rainstating)		DATÉ	Change  Change  Change	RS IN 12 Addition Addition Addition Addition Addition Addition
agent 1 a SIGNATURE  12. TOLE NAME STREET ADDRESS CHY-ST-7IP TILLE NAME STREET AUDRESS CHY-ST-7IP TITLE	DP PATTERSON 59 EAST LA HAINES CIT D WARREN, N 330 W. LAK	of FICERS  I, FRED W KE DR Y, FL 00000  ORMAN O. E OTIS DR	d agen and little if	Applicable TORS DELETE DELETE DELETE	(NOTE Registere 13. 1.1 Ti 1.2 N 1.3 St 1.4 Ci 2.1 Ti 2.2 N 2.3 St 2.4 C 3.1 Ti 3.2 N 3.3 St 3.4 C 4.1 Ti 4.2 N 4.3 St 4.4 Ci 5.1 Ti 5.2 N 6.3 St 5.4 C 6.1 Ti 6.2 N 6.3 St	J Agent signature requirements  ILE  ILE  ILE  ILE  ILE  ILE  ILE  IL	juired when rainstating)		DATÉ	Change  Change  Change	RS IN 12 Addition Addition Addition Addition Addition Addition

FICER OR DIRECTOPICES I dent