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

STREET ADDRESS

14. I hereby certify that the information suppli

May 28 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8) G88476 H.D. PATTEN & ASSOCIATES, INCORPORATED Principal Place of Business Mailing Address C/O HILLMAN PATTEN C/O HILLMAN PATTEN 1962 HICKORY RUN EAST 1962 HICKORY RUN EAST DO NOT WRITE IN THIS SPACE **ORANGE PARK FL 32073 ORANGE PARK FL 32073** 3. Date Incorporated or Qualified 03/01/1984 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-2382796 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Proporty Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PATTEN, HILLMAN 1962 HICKORY RUN EAST 82 Street Address (P.O. Box Number is Not Acceptable) **ORANGE PARK FL 32073** 63 84 City Zip Code 11. 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 or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) Signature, type for pentice came of a general agent and time if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 1000 PATTEN, HILLMAN 1.2 NAME NAME **1962 HICKORY RUN EAST** STREET ADDRESS 1.3 STREET ADORESS **ORANGE PARK FL** 1.4 CITY-ST-7IP CITY-\$T-ZIP DELETE 2 1 11TLE Change Addition TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 DITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY+ST-ZIP 3.4. CITY - ST - 7IP DELETE Change Addition TITLE 4.1 Title NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IF DELETE Change Addition TITLE 5.1 THLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY ST-ZIP DELETE Change Addition THILE 6.1 TOLE 0000025416704 NAME 6.2 NAME -06/01/98--01016--033

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lth an address.

resident/Director

tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an unstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

April 1, 1998

(904)542-2730

FILED