FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H31570** **(5)**

1. Corporation Name

STEWART PATTERSON (FLORIDA) INC.

Principal Place of Business	Mailing Address
6302 GATEWAY AVENUE #G SARASOTA FL 34231	46 N. WASHINGTON BLVD. #1 SARASOTA FL 34236 US

3. Date Incorporated or Qualified: **11/28/1984**

3a. Date of Last Report: **04/07/1995**

4. FEI Number: **59-2464111** ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PATTERSON, JOHN
46 N. WASHINGTON BLVD.
#1
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0202 and 617.1905, 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. The 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1 TITLE		☐ Change ☐ Addition
NAME	STEWART, CHARLES E.		2 NAME		
STREET ADDRESS	3920 TORREY PINES BLVD		3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4 CITY-ST-ZIP		
TITLE	VST	☐ DELETE	2 TITLE	P,S,T,D	☑ Change ☐ Addition
NAME	PATTERSON, COLIN		2 NAME		
STREET ADDRESS	3920 TORREY PINES BLVD		2 STREET ADDRESS	6302 GATEWAY AV #E	
CITY-ST-ZIP	SARASOTA FL		2 CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	V	☐ DELETE	3 TITLE		☑ Change ☐ Addition
NAME	BLACK, IAN		3 NAME		
STREET ADDRESS	3920 TORREY PINES BLVD		3 STREET ADDRESS	6302 GATEWAY AV #E	
CITY-ST-ZIP	SARASOTA FL		3 CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		☐ DELETE	4 TITLE		☐ Change ☐ Addition
NAME			4 NAME		
STREET ADDRESS			4 STREET ADDRESS		
CITY-ST-ZIP			4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 TITLE		☐ Change ☐ Addition
NAME			5 NAME		
STREET ADDRESS			5 STREET ADDRESS		
CITY-ST-ZIP			5 CITY-ST-ZIP		
TITLE		☐ DELETE	6 TITLE		☐ Change ☐ Addition
NAME			6 NAME		
STREET ADDRESS			6 STREET ADDRESS		
CITY-ST-ZIP			6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is absolutely true and correct and 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 attached sheet, with an address.

SIGNATURE: Ian Black V.P. 3/25/96 9413650456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

IAN BLACK, Vice President

CR2E034 (12/95)