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 # **H81831** **(0)**

1. Corporation Name
PATOM, INC.

Principal Place of Business
11621-1 CLEVELAND AVE.
P.O. BOX 06517
FORT MYERS FL 33907-2841
US

Mailing Address
1534 BEECHWOOD TR
FORT MYERS FL 33919
US

2. Principal Place of Business
21 1534 BEECH WOOD TR
22 Suite, Apt. #, etc.
23 City & State: FORT MYERS FL
24 Zip: 33919 25 Country: USA

2a. Mailing Address
26 P.O. BOX 61570
27 Suite, Apt. #, etc.
28 City & State: FORT MYERS FL
29 Zip: 33906-1570 30 Country: USA

3. Date Incorporated or Qualified: **10/22/1985**
3a. Date of Last Report: **03/29/1995**

4. FEI Number: **59-2596994** ☐ 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

9. Name and Address of Current Registered Agent

FLINT, THOMAS
11621-1 CLEVELAND AVE.
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1534 BEECHWOOD TRAIL
83
84 City: **FL** 85 Zip Code: 33919

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. 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. OFFICER/S AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	DVP	☐ DELETE	☒ Change ☐ Addition
NAME	FLINT, THOMAS		
STREET ADDRESS	11621-1 S. CLEVELAND AVE		1534 BEECH WOOD TRAIL
CITY-ST-ZIP	FT MYERS FL		FORT MYERS FL 33919
2 TITLE	DP	☐ DELETE	☒ Change ☐ Addition
NAME	FLINT, PATRICIA		
STREET ADDRESS	11621-1 S. CLEVELAND AVE		1534 BEECH WOOD TRAIL
CITY-ST-ZIP	FT. MYERS FL		FORT MYERS FL 33919
3 TITLE		☐ DELETE	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
4 TITLE		☐ DELETE	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
5 TITLE		☐ DELETE	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
6 TITLE		☐ DELETE	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 attachment with an address.

SIGNATURE: Thomas L. Flint 1/20/96 941-481-4660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)