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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1534 BEECHWOOD TRAIL
FORT MYERS FL 33919
US

Mailing Address

P.O. BOX 61570
FORT MYERS FL 33906-1570
US



2. Principal Place of Business

21 16644 BOBCAT COURT
Suite, Apt. #, etc.

22 FORT MYERS FL

23 33908
City & State

24 Zip 25 USA

2a. Mailing Address

26 16644 BOBCAT COURT
Suite, Apt. #, etc.

27 FORT MYERS FL

28 FORT MYERS FL
City & State

29 33908 30 Country

3. Date Incorporated or Qualified

10/22/1985

3a. Date of Last Report

03/19/1996

4. FEI Number

59-2596994

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$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
1534 BEECHWOOD TRAIL
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

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

16644 BOBCAT COURT

83

84 City FORT MYERS

FL

85 Zip Code 33908

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP ☐ DELETE

NAME FLINT, THOMAS
STREET ADDRESS 1534 BEECHWOOD TRAIL
CITY-ST-ZIP FT MYERS FL

TITLE DP ☐ DELETE

NAME FLINT, PATRICIA
STREET ADDRESS 1534 BEECHWOOD TRAIL
CITY-ST-ZIP FT. MYERS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS 16644 BOBCAT COURT
14 CITY-ST-ZIP FORT MYERS FL 33908

21 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS 16644 BOBCAT COURT
24 CITY-ST-ZIP FORT MYERS FL 33908

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/97 941-481-4660
Date Daytime Phone #

CR2E034 (9/96)