

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

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J07805** (1)

1. Corporation Name
HOWARD W. PATRICK, C.P.A., P.A.

Principal Place of Business
4205 NW 23 TERRACE
~~3405 NW 23 ST~~
GAINESVILLE FL 32605-1679
US

Mailing Address
4205 NW 23 TERRACE
~~3405 NW 23 ST~~
GAINESVILLE FL 32605-1679
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4205 NW 23 Terrace Suite, Apt. #, etc.		2a. Mailing Address 26 4205 NW 23 Terrace Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/04/1986	
22		27		4. FEI Number 59-2679701 Applied For ☐ Not Applicable	
23 Gainesville FL City & State		28 Gainesville FL City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 32605-1679 25 USA Zip Country		29 32605-1679 30 USA Zip Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent PATRICK, HOWARD W. 4205 NW 23 TERRACE GAINESVILLE FL 32605				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 607.0502 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PATRICK, HOWARD W., CPA	1.2 NAME	
STREET ADDRESS	4205 NW 23 TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

Howard W. Patrick **Howard W. Patrick** 1-28-98 352/3726300

CR2E034 (10/97)