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APPROVED AND FILED

AM 8:07

FL

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **J23307** **(8)**

1. Corporation Name
B.J. PATTERSON COMPANY, INCORPORATED

Principal Place of Business	Mailing Address
109 DRIFTWOOD LANE SANFORD FL 32773-3130	109 DRIFTWOOD LANE SANFORD FL 32773-3130

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 PO Box 951952
22 Suite, Apt. #, etc.
23 City & State: Sanford FL
24 Zip: 32773 25 Country

2a. Mailing Address
26 PO Box 951952
27 Suite, Apt. #, etc.
28 City & State: Sanford FL
29 Zip: 32773 30 Country

3. Date Incorporated or Qualified: 07/07/1986

4. FEI Number: 59-2689195 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
PATTERSON, B.J.
109 DRIFTWOOD LN
SANFORD FL 32773-3130

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84
85 Zip Code 32773

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above ... office or registered agent, or both, in the State of Florida. Such change was authorized by ... changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. ... intment as registered

SIGNATURE _____ DATE
Signature, typed or printed name of person executing above and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PATTERSON, B.J. 109 DRIFTWOOD LN SANFORD FL	☐ DELETE	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

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****150.00 ****150.00

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

SCC 6-5-98

CR2E034 (10/97)

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 B. Patterson 06/12/98 407-862-4778