**PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED

00 FEB - 7 PM 1:43

SECRETARY OF STATE HALBARIASSEE, FLORIDA

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DOCUMENT # J43943 1. Corporation Name

PATZER ENTERPRISES, INC.

Principal Place of Business	Mailing Address		(100 till Bill Bill Bill Bill Bill Bill Bill	11 E-12 1	
2826 Minë & Mill Rd. 5300 S. Florida Ave. Lakeland Fl 33801	2826 Mine & Mill Rd. 5300 S. Florida Ave. Lakeland Fl 33801		REINSTATEME	TAGE 9-UZ	
US	US	سبر ب سی	-3. Date Incorporated or Qualifed		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
1 4125 FORTS + DR	26 4125 Forest L) R	59-2747778	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State Mulberry Florida	City & State	Louidus	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country '33860 25 454		intry USA	8. This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
CHRITTON, CHARLES P.		81 Name	SHAL		
5300 S. FLORIDA AVE.		82 Street Ac	2 Street Address (P.O. Box Number is Not Acceptable)		
LAKELAND FL 33803		83	*		
		84 City	<i>"</i> F	85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, the a	bove-named co	proporation submits this statement for the purpose	of changing its registered	

office or registered agent, or both, in the State of Flagent. I am familiar with and accept the obligations orga, Such change was of, Seption 607.0505, F ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DIRECTORS 13. Change ☐ Addition DELETE 1.1 TITLE TITLE 600003136486---02/15/00--01117--011 PATZER, LESTER 1 2 NAME NAME 4125 FOREST DR 1.3 STREET ADDRESS STREET ADDRESS ****550.00 ****550<u>~00</u> MULBERRY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 2.1 TITLE TITLE 6000003136486 5 2.2 NAME NAME 02/15/00--01117--012 2.3 STREET ADDRESS STREET ADDRESS ****200.00 ****200.00 2. 4 CITY-ST-ZIP CITY-ST-ZIF DELETE 3.1 TITLE TILE 600003136486 3.2 NAME NAME. -02/15/00--01117--013 3.3 STREET ADDRESS STREET ADDRESS ****150.00 ****150.00 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 Placet 13 or Placet 13 or Placet 13 or Placet 13 or Placet. Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

11-07-99

843-425-0575