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PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

7981 10TH AVE. SOUTH

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J76476

(7)

% GEORGE L. PATTERSON, SR.

GEORGE L. PATTERSON, P.A.

Į,

Mailing Address

FILED
Jan 16 1998 8:00am
Secretary of State



ST. PETERSBURG FL 33707 P.O. BOX 47025 DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33743 Date Incorporated or Qualified 06/01/1987 2. Principal Place of Business 2a. Mailing Address 4 FEI Number Applied For 26 59-28 19760 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution 23 Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PATTERSON, GEORGE L., SR. 7981 10TH AVE. SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33707 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change TITLE **PSTD** PATTERSON, GEORGE L., SR NAME 1.2 NAME **CR2E034** 7981 10TH AVE. SOUTH STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL Δ 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS City-ST-ZiP 2. 4 CITY - ST-ZIP DELETE Change ___ Addition TITLE 3.1 TIDE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE ___ Change Addition TITLE 41 TITLE 4.2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 chapter 607, or on an attacking the with an address.