

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 AM 8:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K38765 (9)

1. Corporation Name
PATT'S ENTERPRISES OF FLORIDA, INC.

Principal Place of Business Mailing Address
4. ANTHONY GUIDONE **9. ANTHONY GUIDONE**
318 VERSAILLES DRIVE **318 VERSAILLES DRIVE**
MELBOURNE BEACH FL 32951 **MELBOURNE BEACH FL 32951**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/14/1988** 3a. Date of Last Report **04/15/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	821 VANCE CIRCLE NE	26	821 VANCE CIRCLE NE	59-2633110		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 190.022, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23	PALM BAY, FLORIDA	28	PALM BAY, FLORIDA				
Zip	Country	Zip	Country				
24	32905 USA	29	32905 USA				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GUIDONE, ANTHONY L. 318 VERSAILLES DRIVE APT.A MELBOURNE BEACH FL 32951				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 195 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 _____ DATE _____
Signature, typed or printed name of registered agent 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	DP	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUIDONE, ANTHONY L.	1.2 NAME	PHYLLIS GUIDONE
STREET ADDRESS	318 VERSAILLES DR	1.3 STREET ADDRESS	821 VANCE CIRCLE NE
CITY- ST- ZIP	MELBOURNE BCH FL	1.4 CITY- ST- ZIP	PALM BAY, FL 32905
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Anthony Guidone* **ANTHONY GUIDONE** APRIL 18, 1995 (407) 676-5898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Fee