

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # K52460 (8)

1. Corporation Name
PATWILL COMPANY, INC.

Principal Place of Business: 6944 PENSACOLA BLVD. #61 PENSACOLA FL 32514 US
Mailing Address: 6944 PENSACOLA BLVD. #61 PENSACOLA FL 32514 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1988
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 County 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 County 30

4. FEI Number: 65-0092913 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
6. This corporation has liability for intangible tax under s. 190.002, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**PIEKARZ, PATRICIA
8944 N. PENSACOLA BLVD
#61
PENSACOLA FL 32514**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable): 8601 N. PENSACOLA BLVD
B3
B4 City: PENSACOLA, FL B5 Zip Code: 32534

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) _____ (Print Name)

12. OFFICERS AND DIRECTORS	
TITLE: P	NAME: PIEKARZ, PATRICIA STREET ADDRESS: 8944 N. PENSACOLA BLVD. #61 CITY, ST, ZIP: PENSACOLA FL
TITLE:	NAME:
TITLE:	NAME:
TITLE:	NAME:
TITLE:	NAME:
TITLE:	NAME:
TITLE:	NAME:
TITLE:	NAME:
TITLE:	NAME:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME:	
3. STREET ADDRESS:	8601 N. PENSACOLA BLVD. PENSACOLA, FL 32534
4. CITY, ST, ZIP:	
5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME:	
7. STREET ADDRESS:	
8. CITY, ST, ZIP:	
9. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME:	
11. STREET ADDRESS:	
12. CITY, ST, ZIP:	
13. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME:	
15. STREET ADDRESS:	
16. 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)(b), 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: *Patricia Teles* 6-13-95 9041484-7777
PATRICIA PIEKARZ, President

CR2E034 (3/95)