

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K91180 (5)

1. Corporation Name

THE PARTRIDGE AGENCY, INC.



Principal Place of Business

Mailing Address

17811 PORT BOCA CIRCLE

17811 PORT BOCA CIRCLE

~~APT 101-B~~

~~APT 101-B~~

FT. MYERS FL 33901
US

FT. MYERS FL 33908
US

3. Date Incorporated or Qualified

05/25/1989

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 17811 Port Boca Cir

26 17811 Port Boca Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ft. Myers, FL.

28 Ft. Myers, FL.

24 Zip 33908

25 Country LEE

29 Zip 33908

30 Country LEE

4. FEI Number

65-0121965

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 has liability for intangible tax under s. 199.032
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARTRIDGE, WARING N.
17811 PORT BOCA CIRCLE
APT 101-B
FT. MYERS FL 33908

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature typed or printed name of registered agent and, if not applicable, (b)(3)(E) Registered Agent signature required when reinstating)

(b)(3)(E) Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D
STREET ADDRESS PARTRIDGE, WARING N.
CITY-ST-ZIP 17811 PORT BOCA CIRCLE
FT. MYERS FL

TITLE ☐ DELETE

NAME P
STREET ADDRESS PARTRIDGE, DENISE A
CITY-ST-ZIP 17811 PORT BOCA CIRCLE
FT. MYERS FL

TITLE ☐ DELETE

NAME T
STREET ADDRESS SOLL, WILLIAM P
CITY-ST-ZIP 1705-DZ COLONIAL BLVD.
Ft. Myers, FL. 33907

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

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

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Change

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Addition

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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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/96

94-267-3574

CR2E034 (3/96)