

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L49498** (3)

1. Corporation Name

PAT'S HOMEMADE BAR-B-Q SAUCE, INC.



Principal Place of Business

Mailing Address

C/O JOHN W. PATTERSON
P.O. BOX 1279
LAND O'LAKES FL 34639-8279

C/O JOHN W. PATTERSON
P.O. BOX 1279
LAND O'LAKES FL 34639-8279

3. Date Incorporated or Qualified
02/08/1990

3a. Date of Last Report
04/25/1995

4. FEI Number
59-2284875

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

2. Principal Place of Business

2a. Mailing Address

21 **6336 LAND O'LAKES BLVD**

26 Suite, Apt. #, etc.

22 **Same As Hwy 41**

27 Suite, Apt. #, etc.

23 **LAND O'LAKES FL**

28 City & State

24 **34639**

29 Zip

25 **USA**

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATTERSON, JOHN W.
6336 LAND O'LAKES BLVD.
LAND O'LAKES FL 34639

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **PATTERSON, PAT**
STREET ADDRESS **19203 EASTBROOK DRIVE**
CITY-ST-ZIP **ODESSA FL**

TITLE **D** ☒ DELETE
NAME **PATTERSON, JUANITA**
STREET ADDRESS **19203 EASTBROOK DRIVE**
CITY-ST-ZIP **ODESSA FL**

TITLE **D** ☐ DELETE
NAME **PATTERSON, JOHN W.**
STREET ADDRESS **1111 LADY ELAINE DR.**
CITY-ST-ZIP **VALRICO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P/T/D
PATTERSON, JOHN W.
1111 LADY ELAINE DR.
VALRICO FL 33594

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VP/S/D
PATTERSON, BRENDA D.
1111 LADY ELAINE DR.
VALRICO FL 33594

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

John W. Patterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

4/25/96 (813) 996-2151

CR2E034 (12/95)