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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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.
HO-MADU

Principal Place of Business

Mailing Address

0000 LAND O LAKES BLVD. 2004-A WOOD CT.
SAME AS MAY 41. PLANT CITY, FL C/O JOHN W. PATTERSON
LAND O LAKES FL 33567 P.O. BOX 1278 P.O. BOX 3058
US PLANT CITY, FL 33564-3058

2. Principal Place of Business
21 2004-A WOOD CT.

2a. Mailing Address
26 C/O John W. Patterson

22 2004-A WOOD CT

27 P.O. Box 3058

23 PLANT CITY, FL

28 PLANT CITY

24 33567

29 33564-3058 30 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified 02/08/1990 7/1/96
3a. Date of Last Report 05/01/1996

4. FEI Number 59-2284875 59-3393967
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

10. Name and Address of New Registered Agent

PATTERSON, JOHN W.
0000 LAND O LAKES BLVD.
LAND O LAKES FL 33567

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 John W. Patterson
Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent's signature required when reinstating

4/25/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME PATTERSON, JOHN W.
STREET ADDRESS 1111 LADY ELAINE DR.
CITY-ST-ZIP VAL RICO FL

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

TITLE VPSD
NAME PATTERSON, BRENDA D
STREET ADDRESS 1111 LADY ELAINE DR.
CITY-ST-ZIP VAL RICO FL

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

TITLE ~~PTD~~
NAME PATTERSON, JOHN W.
STREET ADDRESS 1111 LADY ELAINE DR.
CITY-ST-ZIP VAL RICO FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
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 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 changed, or on an attachment with an address.

CR2E034 (9/96)