

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 13 PM 4:06

DOCUMENT # L69772 (6)

1. Corporation Name

H. W. PATTERSON DISTRIBUTING, INC.

Principal Place of Business

Mailing Address

**% GERALD T. ALBRECHT
6200 COURTNEY CAMPBELL CSWY.BAYPRT PLAZA
TAMPA FL 33607-1458**

**% GERALD T. ALBRECHT
6200 COURTNEY CAMPBELL CSWY.BAYPRT PLAZA
TAMPA FL 33607-1458**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/30/1990

3a. Date of Last Report

04/19/1994

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

4. FEI Number

59-3005040

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**ALBRECHT, GERALD T.
BUTLER, BURNETTE & PAPPAS
6200 COURTNEY CAMPBELL CSWY.BAYPRT PLAZA
TAMPA FL 33607-1458**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PATTERSON, HOWARD
STREET ADDRESS	5619 PINE BAY DR.
CITY - ST - ZIP	TAMPA FL
TITLE	DV
NAME	PATTERSON, PAM
STREET ADDRESS	5619 PINE BAY DR.
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	PATTERSON, HOWARD	
1.3 STREET ADDRESS	11203 INDIAN OAKS DR	
1.4 CITY - ST - ZIP	TAMPA FL 33625	
2.1 TITLE	DV	☒ Change ☐ Addition
2.2 NAME	PATTERSON, PAM	
2.3 STREET ADDRESS	11203 INDIAN OAKS DR	
2.4 CITY - ST - ZIP	TAMPA FL 33625	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
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

Howard Patterson **HOWARD PATTERSON**

DATE

4-10-95

813-968-2510

SIGNATURE AND TITLE OF REGISTERED AGENT OR SIGNING OFFICER OR DIRECTOR

Daytime Phone