

FILED
Apr 30, 2004 08:00 AM
Secretary of State

1. Entity Name
PATRICK K. TOAL ASSOCIATES, INC.

Mailing Address
2512 ST MICHEL CT
PONTE VEDRA BEACH, FL 32082

DO NOT WRITE IN THIS SPACE



04292004 No Chg-P CR2E034 (10/03)

4. FBI Number
59-3612992

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TOAL, PATRICK K
2512 ST MICHEL CT
PONTE VEDRA BEACH, FL 32082

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	TOAL, PATRICK K
STREET ADDRESS	2512 ST MICHEL CT
CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

Date:

Daytime Phone # _____