

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 # P18564 (5)

1. Corporation Name

PATTEN CORPORATION GULF-ATLANTIC



Principal Place of Business

Mailing Address

P.O. BOX 938
NORTH ADAMS MA 01247

P.O. BOX 938
NORTH ADAMS MA 01247

2. Principal Place of Business

2a. Mailing Address

21 5295 TOWN CENTER ROAD

26 5295 TOWN CENTER ROAD

State Apt. #, etc.

State Apt. #, etc.

22 #400

27 #400

City & State
23 BOCA RATON, FL

City & State
28 BOCA RATON, FL

Zip

24 33486

Country

25 PALM BEACH

Zip

29 33486

Country

30 PALM BEACH

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/24/1988

3a. Date of Last Report

01/26/1995

4. FEI Number

03-0313453

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 1990
Florida Statutes ☐ Yes ☒ No *Brant files*

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PSCD	RONDEAU, PATRICK E.	5295 TOWN CTR. RD.	BOCA RATON FL	<input type="checkbox"/>
TD	MURRY, ALAN L.	5295 TOWN CTR. RD.	BOCA RATON FL	<input type="checkbox"/>
V	GORMAN, JOANNE	5295 TOWN CTR RD	BOCA RATON FL	<input type="checkbox"/>
VD	KOSCHER, DANIEL C.	5295 TOWN CTR. RD.	BOCA RATON FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK E. RONDEAU

1/23/96

407-361-2705

Date

Daytime Phone #

CR2E034 (12/95)