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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 9:57

DOCUMENT # P32237 (0)

1. Corporation Name
BELLWETHER CORPORATION OF SOUTHWEST FLORIDA

Principal Place of Business	Mailing Address
1209 ~~SOUTHEAST 10TH STREET~~ CAPE CORAL ~~FL 33990~~	1209 ~~SOUTHEAST 10TH STREET~~ CAPE CORAL FL ~~33990~~ 1110 NE PINE ISLAND Rd #29 CAPE CORAL, FL 33909

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/20/1990
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business	2a. Mailing Address
21 1110 N.E.PINE ISL.RD.	26 1110 N.E.PINE ISL.RD.
Suite, Apt. #, etc. 22 UNIT 29	Suite, Apt. #, etc. 27 UNIT 29
City & State 23 CAPE CORAL	City & State 28 CAPE CORAL
Zip / Country 24 33909 / 25 FLORIDA	Zip / Country 29 33909 / 30 FLORIDA

4. FEI Number: 59-3045288 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PATTERSON, PATRICIA, B ~~1209 S EAST 10TH ST~~ 1110 NE PINE ISLAND Rd #29 CAPE CORAL ~~FL 33990~~ 33909	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	☐ Change ☐ Addition
NAME	PATTERSON, PATRICIA B.	1.2 NAME	
STREET ADDRESS	~~1209 SE 10TH STREET~~ 1110 NE PINE ISLAND Rd #29	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33909	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	PATTERSON, THOMAS E.	2.2 NAME	
STREET ADDRESS	~~1209 SE 10TH STREET~~ 1110 NE PINE ISLAND Rd #29	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33909	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: Patricia B Patterson PATRICIA B. PATTERSON 9/13/95 813-574-1918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0332068 CP