FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200000926

PAT & PAT ENTERPRISES, INC.

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90179 001 ***158.75



Principal Place of Business Mailing Address								
2490 MADRID WAY SO. 2490 MADRID WAY SO.								
ST PETERSBURG FL 33712 ST PETERSBURG FL 33712								
						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		Ì
						10/30/1992		
2. Principal P	2a. Mailing Address	ddress			4. FEI Number	_ 	plied For	
21		26				59-3192081		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	 			5. Certifcate of Status Desired	\$8.75 A Fee Re	
22		City & State						·
City & State	e	├ - ¬ '				6. Election Campaign Financing Trust Fund Contribution	\$5.00 (Added to	· .
23 Zin	Country	Zip Country						o rees
_ `						This corporation owes the current year Intal Personal Property Tax.		□No
24	9. Name and Address of Curren		' L			10. Name and Address of New Registered		
	5. Name and Address of Outres	i Regiotorou Agunt	81	Na	ame	10. 11.		
TERF	RELL, PATRICIA							
2490 MADRID WAY SOUTH			82	St	treet Addres	ss (P.O. Box Number is Not Acceptable)		}
	PETERSBURG FL 33712		83			 		
			84	Ci	ity	FL	85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at				ı e-naı	med corpor	ration 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 ager	at and title if applicable. (NOTE: Re-	gistered Ager	nt sign:	ature required v	when reinstating) DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME	TERRELL, PATRICK C		1.2 NAME		İ			
STREET ADDRESS	2490 MADRID WAY SOUTH	1.3 S'		1,3 STREET ADDRESS				{
CITY-ST-ZIP	ST. PETERSBURG FL 1.40		1,4 CITY-S	T-ZIP		•		.]
TITLE			2.1 TITLE				☐ Change	Addition
NAME	TERRELL, PATRICIA D 22N		2.2 NAME					}
STREET ADDRESS	2490 MADRID WAY S		2.3 STREET	.3 STREET ADORESS				
CITY-ST-ZIP	ST PETERSBURG FL 33712		2.4 CITY-ST-ZIP		,	•		
TITLE			3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET		RESS			Ì
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP	,			
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME			4, 2 NAME					\
STREET ADDRESS			4.3 STREE		RESS			
CITY-ST-ZIP			4.4 CITY-S					
TITLE		□ DELETE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME					ļ
STREET ADDRESS			5.3 STREET	T ADOF	RESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS		j	6.3 STREET	T ADDF	RESS			}
``I		· · · · · · · · · · · · · · · · · · ·		7 710]			

14. I 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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

127-867-5190