04-26-1999 90137 011 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # P92000 PHER N. PATTERSON, P.A									
Principal Flace	of Rusiness	Mailing Address						OCHI DUIGI DIII	ili da ibi asila sidal	
'		P.O. BOX 1368				İ				
1021 GRACE AVE P.O. BOX 1368 PANAMA CITY CF 32401 PANAMA CITY FL 32402										
US US					DO NOT WRITE			RITE IN T	IIS SPACE	
						3. Date	ncorporated or Qualife	ed		
						11/1	7/1992			
2. Princip al Pl	ace of Business	2a. Mailing Address			4. FEI N	lumber		Ap	plied For	
21		26			59-3	153742		No	t Applicable	
Suite, /\pt.	#, etc.	Suite, Apt. #, etc.			5 0-44			\$8.75	dditional	
22		27			Certificate of Status Desired					
City & State	9	City & State			6. Electi	6. Election Campaign Financing \$5.00 May Be				
23	28					Trust	Fund Contribution		Added	to Fees
Zip	Country Zip Cour			гу		8. This	orporation owes the c	urrent year	Intangible	
24	25 29 30					Perso	nal Property Tax.		☐Yes	A HO
	9. Name and Address of Current Registered Agent					10. Nam	and Address of Nev	w Register	ed Agent	
			8	1	Name					
PATI	Terson, Christopher N			2	Stroot /	Adross /P.O. Br	x Number is Not Acce	ntable)		
1021 GRACE AVE				" '	oueel A	-udiess (P.O. Bi	X NUMBER IS NOT ACCO	ptable;		
PANA	AMA CITY FL 32401		8	3						
				\perp						
			8	4 1	City			F:	85 Zip	Code
office or re agent I as SIGNATURE	to the provisions of Sections 607.050 agistered agent, or both, in the State of mailiar with, and accept the obligat	of Florida. Such change was a ions of, Section 607.0505, Fio	uthorized b rida Statute	y th∉ ∋s.	e corpo	ation's board of	directors. I nereby ac	the purpose cept the app	of changing its pointment as re	registered gistered
	Signature, typed or printed r. ame of registered age		13.	jent si	ignature re	uired when reinstatin	ONS/CHANGES TO		AND DIRECTO	RS IN 12
12.	OFFICERS AN	D DIRECTORS	1.1 TITLE			AUUII	ONS/CHANGES TO	DI FIOLING	Change	Addition
TITLE	D DATTEROOM OURICEONED N	_		12 NAME						ا المستحدد ال
NAME	PATTERSON, CHRISTOPHER N			I						
STREET ADDRESS	PO BOX 1368 N/A			1.3 STREET ADDRESS						
CITY-ST-ZJP	PANAMA CITY FL			14 CITY-ST-ZIP					П.С	
TITLE	PST	☐ DELETE	2.1 TITLE	2.1 TITLE					☐ Change	Addition
NAME	PATTERSON, CHRISTOPHER N	•	2.2 NAME	2.2 NAME						
STREET ADDRESS	PO BOX 1368 N/A		2.3 STRE	2.3 STREET ADDRESS						1
CITY-ST-ZIP	PANAMA CITY FL		2. 4 CITY	2. 4 CITY-ST-ZIP						
TITLE		☐ DELETE	3 1 TITLE	31 TITLE					Change	☐ Addition
NAME			3 2 NAME	E	1					l
STREET ADDF ESS			3 3 STRE	ETA	DDRESS					
CITY-ST-ZIP			34 CITY	34 CITY-ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE	4.1 TITLE					Change	☐ Addition
NAME			4 2 NAM	4 2 NAME						
STREET ADDRESS			4.3 STRE	EET A	DDRESS					
CITY-ST-ZIP			4.4 CITY	-ST-Z	ZIP					
TITLE		☐ DELETE	5 1 TITLE	51 TITLE					☐ Change	☐ Addition
NAME			5 2 NAME							
STREET ADDF ESS			5.3 STRE	ETA	DDRESS					
:			5.4 CITY-	5.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE			6.1 TITLE			-			Change	Addition
		<u> </u>	6.2 NAME						3-	_
NAME STREET ADDLESS			6.3 STRE		DDRESS I					
STREET ADDRESS.	4		2.0 GHAL							

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 fam an officer or director of the corporation or the receiver or sustee 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDFESS

ED NAME OF SIGNING OFFICER OR DIRECTOR

850-872-0226