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

Mailing Address
P O BOX 2229

PONTE VEDRA BEACH FL 32004-2229

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 04 1997 8:00am

Secretary of State

3a. Date of Last Report

3. Date Incorporated or Qualified

12/24/1992

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

PONTE VEDRA BEACH FL 32082

SIGNATURE:

85 S ROSCOE BLVD

SUITE 204

US

DOCUMENT # P92000014085 (4)

PATTERSON & ASSOCIATES CPA'S, P.A.

| 2. Principal E. | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
|---|--|--------------------------------------|---------------------|--|--------------------------------|--|
| 21 85 5 | ROSCOE BLUD | 26 | | 59-3156519 | Not Applicable | |
| Suite, Apt : | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Regulred | |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 PONT | E VEDRA BENCH FL | 28 | | Trust Fund Contribution | Added to Fees | |
| Zip | Country | Zip | Country | 8. This corporation has liability for intangible to | x under s. 199.032, | |
| 24 33-0 | 82 [25] US | 29 30 | 1 | Florida Statutes X Yes | No | |
| Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | |
| PATTERSON, CECIL JR | | | 81 Name | PATTERSON, CECIL JR. | | |
| | | | | | | |
| 85 S ROSCOE BLVD | | | 9.5 | | | |
| PONTE VEDRA BEACH FL 32082 | | | 63 | 83 | | |
| | | | 84 City | 84 City | | |
| | | | 1 1 2 | NTE VEDRA BEACH FL | 32-082- | |
| 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 of registrated 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 (NOTE: Registered Agent signature required when reinstalling) DATE | | | | | | |
| 12. | OFFICERS AND I | | 13. | ADDITIONS/CHANGES TO OFFICERS AND I | | |
| Tille | PD | ☐ DELETE | 1.1 TITLE | · . | Change | |
| NAV: | PATTERSON, CECIL JR | | 1.2 NAME | • | | |
| STREET ADDRESS | 85 S. ROSCOE BLVD. | | 1.3 STREET ADDRESS | | | |
| €/TY - \$1 - ZIP | PONTE VEDRA BEACH FL | | 1,4 CITY-ST-ZIP | PONTE VEDRA BEACH, FL | 33087 | |
| 71167 | and the state of t | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition | |
| NAM: | | | 2.2 NAME | | | |
| STREET ADDITIONS | | | 2.3 STREET ADDRESS | | | |
| 0.15-51-20 | | | 2. 4 CITY-ST-7IP | | | |
| 11°LE | | ☐ DELETE | 31 TITLE | | Change Addition | |
| NAME | | | 3.2 NAME | | | |
| STRUET ADDRESS | | | 3.3 STREET ADORESS | | | |
| €(4+S1-ZP | | | 3.4, CITY- ST-7⊮ | | | |
| THILE | | ☐ DELETE | 4.1 TITLE | | Change Addition | |
| N4Mi | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| City-St Zii | | | 4.4 CITY - ST - ZIP | | | |
| TITLE | | DEL ÉTE | 5 1 TITLE | <u>l</u> | Change Addition | |
| NAMI | | | 5.2 NAME | | | |
| STEELT APPORESS | | | 5.3 STREET ADDRESS | | | |
| CIBY-ST 7# | | | 5.4 CITY - ST - ZIP | | | |
| 5114 | • | DELETE | 6.1 TITLE | | Change Addition | |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | | |
| CITY-81 74 | | | 64 CITY-ST-ZIP | | | |
| 14. I do he el | by Certify that the information supplied | with this filling does not qualify f | or the exemption s | stated in Section 119.07(3)(i), Florida Statutes, I further of that my signature shall have the same legal effect as | 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 | | | | | | |