**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

APPROVED AND FILED
95 APR 27 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000030668 (6)

1. Corporation Name
PATCHTAR CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| EMPIRE TOOL & SUPPLY<br>3350 ULMERTON RD ~~#631~~ Suite 3<br>CLEARWATER FL 34622<br>US<br>EMPIRE TOOL & SUPPLY | ~~2400 FEATHER SOUND DR #631~~<br>~~CLEARWATER FL 34622~~<br>3350 Ulmerton Rd Suite 3<br>Clearwater, Fl 34622 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 04/27/1993 | 3a. Date of Last Report: 06/13/1994 |
| 2. Principal Place of Business 21: 3350 Ulmerton Rd | 2a. Mailing Address 26: 3350 Ulmerton Rd |
| Suite, Apt. #, etc. 22: #3 | Suite, Apt. #, etc. 27: 3 |
| City & State 23: Clearwater, Fl | City & State 28: Clearwater Fl |
| Zip 24: 34622 County 25: Pinellas | Zip 29: 34622 County 30: Pinellas |
| 4. FEI Number: 59-2176669 | ☐ 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 |
|---|---|
| LILLY, DORIS M<br>2400 FEATHER SOUND DR<br>CLEARWATER FL 34622 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable): 3350 Ulmerton Rd, Suite 3<br>83 City: Clearwater, Fl<br>84 FL 85 Zip Code: 34622 |

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] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | | ☑ Change ☐ Addition |
| NAME | LILLY, DORIS M | 12 NAME | 3350 Ulmerton Rd Suite 3 | |
| STREET ADDRESS | ~~2400 FEATHER SOUND DR #631~~ | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL 34622 | 14 CITY-ST-ZIP | Clearwater, Fl 34622 | |
| TITLE | D | 21 TITLE | | ☑ Change ☐ Addition |
| NAME | LILLY, C J | 22 NAME | | |
| STREET ADDRESS | ~~2400 FEATHER SOUND DR #631~~ | 23 STREET ADDRESS | 3350 Ulmerton Rd Suite 3 | |
| CITY-ST-ZIP | CLEARWATER FL 34622 | 24 CITY-ST-ZIP | Clearwater, Fl 34622 | |
| TITLE | D | 31 TITLE | | ☑ Change ☐ Addition |
| NAME | LILLY, PATRICIA J | 32 NAME | " " | |
| STREET ADDRESS | ~~2400 FEATHER SOUND DR #631~~ | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL 34622 | 34 CITY-ST-ZIP | | |
| TITLE | D | 41 TITLE | | ☑ Change ☐ Addition |
| NAME | LILLY, CHRISTINE M | 42 NAME | " " | |
| STREET ADDRESS | ~~2400 FEATHER SOUND DR #631~~ | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL 34622 | 44 CITY-ST-ZIP | | |
| TITLE | D | 51 TITLE | | ☑ Change ☐ Addition |
| NAME | LILLY, TARA M | 52 NAME | " " | |
| STREET ADDRESS | ~~2400 FEATHER SOUND DR #631~~ | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL 34622 | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 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: [signature] April 7, 1995 813 572 8782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0358449 CP