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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000030668 (6)

PATCHTAR CORPORATION

Principal Place of Business Mailing Address					OETIK BOLKI ODIĐO HITI ODIJO DOLO DIKEL IBIT 1801	
		14100 US HWY 18 N.	#107			
Clearwater fl 34624 Us			CLEARWATER FL 34624		DO NOT WRITE IN THIS SPACE	
US		U\$		3. Date Incorporated or Qua		
				04/27/1993		
2. Principal F	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2176669	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desir	ed \$8.75 Additional	
22		27			Fee Required	
City & Stat	e	City & State		6. Election Campaign Finance	 ++	
23 Zin	Country	28	Country	Trust Fund Contribution		
Zip 3 37	164	29 33764	30	Personal Property Tax due	has paid the current year Intangible e Jurie 30. Yes No	
	9. Name and Address of Cu		1001	10. Name and Address of N		
LILLY, DORIS M				LILLY DORISM		
3350 ULMERTON RD.			82 Street	Address (P.O. Box Number is Not Ac	contable)	
SUITE 3			132 300	100 US HWY 19 N,	#107	
	EARWATER FL 34622		83			
			84 City		85 Zip Code	
				LEARWATER	FL 33764	
11. Pursuant	to the provisions of Sections 607	'.0502 and 607.1508, Florida Sta State of Etorida, Such change wa	stutes, the above-named	I corporation submits this statement fo	or the purpose of changing its registered accept the appointment as registered	
agent la	m familiar with, and accept the o	obligations of, Section 607.0505.	Florida Statutes.	polition a board of directors. The eby	accopt the appointment as registered	
SIGNATURE						
12.	Signature, typed or printed name of registers OFFICERS	od agent and the et all possible (i	NOTE: Registered Agent signatur 13.		OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE	ADDITIONS/CITAINGES TO	Change Addition	
NAME	LILLY, DORIS M	_	1.2 NAME		_ , _	
STREET ADDRESS	14100 US HIGHWAY 19 N	N, #107	1.3 STHEET ADDRESS	1		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY - ST - ZIP			
TITLE	Ō	DELETE	2.1 TITLE		Change Addition	
NAME	U LLY, C J		2.2 NAME			
STREET ADDRESS	14100 US HIGHWAY 19 N	N, #107	2.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY - ST - ZIP			
TITLE	D	L_] DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	LILLY, PATRICIA J		3 2 NAME			
STREET ADDRESS	2288 HERON CIRCLE		3.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL	Driere	3.4. CITY - ST - ZIP		Change Addition	
TITLE	D LILLY, CHRISTINE M	☐ DELETE	4.1 TITLE	1	☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS	2288 HERON CIRCLE CLEARWATER FL		4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	n	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
NAME	LILLY, TARA M		5.2 NAME		المالون المالون	
STREET ADDRESS	2288 HERON CIRCLE		5.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY - ST - ZIP			
TITLE	WHITE THE TE	DELETE	6.1 TITLE		Change Addition	
NAME		4000	6.2 NAME	1		
ATDEET ABABEAN						

14. Thereby 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 roport or suppliemental 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 placedress.

: Jul H. Ol.

2-2-9

813-535-7404

FILED

May 14 1998 8:00am

Secretary of State