

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:16

**DOCUMENT # P93000030986 (2)**

1. Corporation Name  
**PATRICK CONTRACTORS, INC.**

Principal Place of Business      Mailing Address  
P.O. BOX 432105      P.O. BOX 432105  
BIG PINE KEY FL 33043-2105      BIG PINE KEY FL 33043-2105

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/23/1993**      **06/14/1994**

4. FEI Number      Applied For  
**65-0406191**      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

2. Principal Place of Business      2a. Mailing Address

21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      Country      28 Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURRAY, COLENE C  
RT 1, 39 MILE POST  
UNIT 3  
OHIO KEY FL**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      FL      85 Zip Code

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 type of printed names of registered agent and that of applicant)

(NOTE: Registered Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE: D  
2 NAME: MURRAY, COLENE C  
3 STREET ADDRESS: P.O. BOX 432105 N/A  
4 CITY- ST- ZIP: BIG PINE KEY FL 33043-2105

11 TITLE: PRESIDENT  
12 NAME: MURRAY, THOMAS A.  
13 STREET ADDRESS: P.O. BOX 432105  
14 CITY- ST- ZIP: BIG PINE KEY, FL 33043-2105  
 Change       Addition

1 TITLE:  
2 NAME:  
3 STREET ADDRESS:  
4 CITY- ST- ZIP:

21 TITLE: SECRETARY  
22 NAME: JAMES P. THOMAS  
23 STREET ADDRESS: P.O. BOX 432105  
24 CITY- ST- ZIP: BIG PINE KEY, FL 33043-2105  
 Change       Addition

1 TITLE:  
2 NAME:  
3 STREET ADDRESS:  
4 CITY- ST- ZIP:

31 TITLE: DIRECTOR  
32 NAME: THOMAS A. MURRAY  
33 STREET ADDRESS: P.O. BOX 432105  
34 CITY- ST- ZIP: BIG PINE KEY, FL 33043-2105  
 Change       Addition

1 TITLE:  
2 NAME:  
3 STREET ADDRESS:  
4 CITY- ST- ZIP:

41 TITLE:  
42 NAME:  
43 STREET ADDRESS:  
44 CITY- ST- ZIP:  
 Change       Addition

1 TITLE:  
2 NAME:  
3 STREET ADDRESS:  
4 CITY- ST- ZIP:

51 TITLE:  
52 NAME:  
53 STREET ADDRESS:  
54 CITY- ST- ZIP:  
 Change       Addition

1 TITLE:  
2 NAME:  
3 STREET ADDRESS:  
4 CITY- ST- ZIP:

61 TITLE:  
62 NAME:  
63 STREET ADDRESS:  
64 CITY- ST- ZIP:  
 Change       Addition

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)(g), 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: *Thomas Murray*      THOMAS A. MURRAY      3/5/95      305-872-2217  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone