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 MAY -1 PM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000059126 (1)**

1. Corporation Name
P.A.T. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3670 MAGUIRE BLVD STE 201 ORLANDO FL 32814 US	PO BOX 140035 ORLANDO FL 32814 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/19/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3196411 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MOORE, WILLIAM T
265 NORTH POST WAY
883 DUNCAN RD
S DAYTONA FL 32119

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5801 ERHARDT DRIVE
83
84 City: RIVERVIEW FL 85 Zip Code: 33569

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] WILLIAM T. MOORE, PRESIDENT 4/23/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP	1.1 TITLE	☒ Change ☐ Addition
NAME	MOORE, WILLIAM T	1.2 NAME	
STREET ADDRESS	883 DUNCAN RD	1.3 STREET ADDRESS	5801 ERHARDT DRIVE
CITY-ST-ZIP	S DAYTONA FL	1.4 CITY-ST-ZIP	RIVERVIEW FL 33569
TITLE	DVT	2.1 TITLE	☐ Change ☐ Addition
NAME	COOPER, PAUL J	2.2 NAME	
STREET ADDRESS	121 WOODLAND CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	☒ Change ☐ Addition
NAME	NOVATNAK, DANIEL V	3.2 NAME	DELETE
STREET ADDRESS	3128 ALBIN LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☒ Change ☐ Addition
NAME	PIPER, CHERYL	4.2 NAME	DELETE
STREET ADDRESS	3128 ALBIN LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORALNDO FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	DS ☐ Change ☒ Addition
NAME		5.2 NAME	MOORE, AMY B
STREET ADDRESS		5.3 STREET ADDRESS	5801 ERHARDT DRIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	RIVERVIEW FL 33569
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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] WILLIAM T. MOORE PRES. 4/23/95 (407) 897-5041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0417948 FP