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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jul 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300060048 (4)

PATCO TRANSPORT, INC.

						-		ar ai ar ii ai'	8.8 1
Principal Place of Business Mailing Address						F INDIABOL CON INSUR 19172 MACIN MAIN AND 17		A Maist Minister Wall	401 1811 1891
10272-B SE 58TH AVE BELLEVIEW FL 34421 US		PO BOX 2829 BELLEVIEW FL 34421-2829 US							
						3. Date Incorporated or Qualified 08/23/1993		te of Last 26/1996	
←	Place of Business	2a. Mailing Address	h			4. FEI Number		1	Applied For
Suite, Apt.	# otc	Suite Act # ele				· · · · · · · · · · · · · · · · · · ·			Not Applicable
22	w, etc.	Suite, Apt. #, etc.			5, Certificate of Status Desired			Additional Required	
City & Stat	le	City & State				6 Firstin Compain Financia		· · · · · · · · · · · · · · · · · · ·	
23		28				Bection Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip Country				8. This corporation has liability for intangible tax under s. 199.032,			
24 25 29			30			Florida Statutes Yes No			
g. Name and Address of Current Registered Agent						10. Name and Address of New Re	gistered /	\gent	
	LAUGHLIN, PAT		81 Name						
	72 SE 58 AVE		8	2	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
BEL	LEVIEW FL 34421		8	2					
			0	3					
			B	4	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the abo	ve-	-named corporative	oration submits this statement for the pon's board of directors. I hereby accep	urpose of	changing	its registered
agent. I a	im familiar with, and accept the oblig					Λ	it the appo	энинені а	s registered
SIGNATURE	gradure, typied or printed name or registered age	ent and title diapolicable. (NO)	T MCL	10 geni	SHLIN	PIESIOE NT o which reinstating)	DATE	97	
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.17171.€					Change	
NAME	MCLAUGHLIN, PAT		1.2 NAM8						
STREET ADDRESS	10253 SUNSET HARBOR RD		1.3 STREI	FTA	ADDRESS				
CITY-ST-ZIP	BELLEVIEW FL		1.4 CRY-	_	- ZIP				
TITLE		L_ DELETE	21 TITLE					Change	☐ Addition
NAME CYREST ADDOCOC			2.2 NAME						
STREET ADDRESS			2 3 STHE						
CITY-SI-ZIP TITLE		DELETE	2. 4 DITY: 3.1 TITLE		- ZIP			Change	Addition
NAME			3.2 NAME					Unlarige	L. Augmon
STREET ADDRESS			3.3 STREE		DDRESS				
CITY-ST-ZIP			3.4. CITY						
TITLE		☐ DELFTE	4.1 TITLE					Change	Addition
NAME			4. 2 NAMI	É					
STREET ADDRESS			4.3 STREE	ĪΑ	DORESS				
CITY-ST-ZIP			4.4 CHY-		· 7 P				
TITLE		DELETE	5 1 TITLE				İ	Change	Addition
NAME OTDEET ARRESTO			5.2 NAME						
STREET ADDRESS			5.3 STREE						
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 6.1 TITLE		ZIP		-	Change	Addition
NAME		Em pectit	6.2 NAME				ļ	unange	Addition
STREET ADDRESS			6.3 STREE		DUBLES				
Gillet ADDISCOO			0.3 STREE	. i Al	DDUE99				

14. I do hereby 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 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 12 or Block 12 or Block 12 or Block 13 if changed, or on an attachment with an address.