

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

FILED

Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000087328 (9)**

1. Corporation Name

**PATRICIA D. ELLISON, INC.
CESARIO**

N/C 03/09/98

Principal Place of Business

**1370 NE DIXIE HWY.
JENSEN BEACH FL 34957**

Mailing Address

**1370 NE DIXIE HWY.
JENSEN BEACH FL 34957**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/16/1993

4. FEI Number

65-0451915

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**ELLISON, PATRICIA D
1370 NE DIXIE HWY.
JENSEN BEACH FL 34957**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

**Cesario, Patricia D.
1370 NE Dixie Hwy
Jensen Beach FL 34957**

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

Patricia D. Cesario

Patricia D. Cesario

DATE

2-12-98

12. OFFICERS AND DIRECTORS

TITLE **PS** ☐ DELETE

NAME **ELLISON, PATRICIA D.**
STREET ADDRESS **1140 NE WRIGHT AVENUE**
CITY-ST-ZIP **JENSEN BCH FL**

TITLE **VP** ☐ DELETE

NAME **ELLISON, PATRICIA D.**
STREET ADDRESS **1140 NE WRIGHT AVE**
CITY-ST-ZIP **JENSEN BCH FL**

TITLE ☐ DELETE

NAME **ELLISON, PATRICIA D.**
STREET ADDRESS **1140 NE WRIGHT AVE**
CITY-ST-ZIP **JENSEN BCH FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PS** ☒ Change ☐ Addition

1.2 NAME **Cesario, Patricia D.**
1.3 STREET ADDRESS **1140 NE Wright Ave**
1.4 CITY-ST-ZIP **Jensen Beach, FL 34957**

2.1 TITLE **VP** ☒ Change ☐ Addition

2.2 NAME **Cesario, Patricia D.**
2.3 STREET ADDRESS **1140 NE Wright Ave**
2.4 CITY-ST-ZIP **Jensen Beach, FL 34957**

3.1 TITLE **T** ☒ Change ☐ Addition

3.2 NAME **Cesario, Patricia D.**
3.3 STREET ADDRESS **1140 NE Wright Ave**
3.4 CITY-ST-ZIP **Jensen Beach, FL 34957**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**000002461570
-03/19/98--01010--021
***158.75**

14. I 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 13 if changed, or on an attachment with an address.

SIGNATURE

Patricia D. Cesario

CR2E034 (10/97)