

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90047 007 \*\*\*150.00

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1. Corporation Name

PATRICIA S. CARPENTER & ASSOCIATES, LTD., INC.

Principal Place of Business

2060 GORDON DRIVE  
NAPLES FL 33940

Mailing Address

2060 GORDON DRIVE  
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1993

4. FEI Number

41-1373774

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 the current year Intangible

Personal Property Tax. ☐ 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

CRONIN, DENNIS P  
BOND, SCHOENECK & KING  
1167 THIRD STREET SOUTH, SUITE 107  
NAPLES FL 33940

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

*Patricia Carpenter*

(NOTE: Registered Agent signature required when reinstating)

DATE

2-26-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME CARPENTER, PATRICIA S  
STREET ADDRESS 2060 GORDON DRIVE  
CITY-ST-ZIP NAPLES FL 33940

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME CARPENTER, ROBERT B  
STREET ADDRESS 2060 GORDON DRIVE  
CITY-ST-ZIP NAPLES FL 33940

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME CARPENTER, JANET M  
STREET ADDRESS 444 14TH STREET  
CITY-ST-ZIP SANTA MONICA CA

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS 10835 S.E. MT. SCOTT BLVD  
2.4 CITY-ST-ZIP PORTLAND, OREGON 97266

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME 2415-28th STREET  
3.3 STREET ADDRESS SANTA MONICA, CA 90405  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Patricia Carpenter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-99  
Date

941.262.4659  
Daytime Phone #

CR2E034 (1/1/98)