

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000088891 (5)

1. Corporation Name

PATCHES PUB, INC.



Principal Place of Business

Mailing Address

4723 THOMAS DRIVE  
PANAMA CITY BEACH FL 32408

4723 THOMAS DRIVE  
PANAMA CITY BEACH FL 32408

3. Date Incorporated or Qualified  
12/21/1993

3a. Date of Last Report  
04/10/1995

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

4. FEI Number

59-3218533

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HESS, GLENN L  
9108 FRONT BEACH RD.  
PANAMA CITY BEACH FL 32408

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, typed or printed name of registered agent and state if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

D  
FULLER, GERALD A  
4723 THOMAS DRIVE  
PANAMA CITY BEACH FL 32408

DELETE

2. TITLE

D  
FULLER, REBECCA A  
4723 THOMAS DRIVE  
PANAMA CITY BEACH FL 32408

DELETE

3. TITLE

DELETE

DELETE

4. TITLE

DELETE

DELETE

5. TITLE

DELETE

DELETE

6. TITLE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2. 1. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

3. 1. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

4. 1. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

5. 1. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. 1. TITLE

62. NAME

63. STREET ADDRESS

64. 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)