

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
OFFICE OF CORPORATIONS

FILED

96 DEC 20 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PG4000012403**
1. Corporation Name
PATRICIA'S PLACE

Principal Place of Business Mailing Address

**15180 WHIMBREL CT
FT. MYERS, FL. 33908**

SAME.

2. Principal Place of Business

21 **15180 WHIMBREL CT.**

Suite, Apt. #, etc.

22

City & State

23 **FT. MYERS, FL.**

Zip

24 **33908**

Country

25 **USA**

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

27

City & State

28 **SAME**

Zip

29 **SAME**

Country

30 **SAME**

3. Date Incorporated or Qualified

2/15/94

3a. Date of Last Report

1995

4. FEI Number

65-0468222

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

**Josephine Gagliardi
Attorney At Law
6361 Presidential Court #109
Fort Myers, Florida 33919**

10. Name and Address of New Registered Agent

81 Name

N/A

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: **N/A**

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **T** ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
NO CHANGE

TITLE **PRESIDENT** ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**PATRICIA M. CAVALLINI
15180 WHIMBREL CT
FT. MYERS, FL. 33908**

TITLE **VICE - PRESIDENT** ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**CARLOS M. CAVALLINI
15180 WHIMBREL CT
FT. MYERS, FL. 33908**

TITLE **SECRETARY** ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**PATRICIA M. CAVALLINI
15180 WHIMBREL CT.
FT. MYERS FL. 33908**

TITLE **TREASURER** ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**CARLOS M. CAVALLINI
15180 WHIMBREL CT.
FT. MYERS, FL. 33908**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**100002036881--E
-12/24/96--01083--002
***225.00 ***225.00**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

JB220-96

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: **Patricia M. Cavallini**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.3.96
Date

941 433 4723
Daytime Phone #

CR2E034 (12/95)

(2)

PATRICIA'S PLACE

Phone: (941) 433-9659

Fax: (941) 433-4407

Ft. Myers, December 3rd, 1996.

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O.Box 6327
Tallahassee, FL.

Attn. Ms. Aalan

Dear Sirs:

I have to apologize for not filling this form on time.-

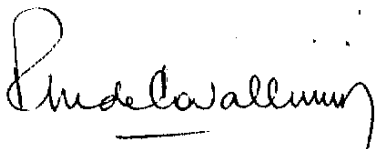
The reason of the delay is the following:
I changed location and I failed in sending the new addresss. Last year your forms went to my attorney's office, but not this year.-

Thou I requested my former landlord to forward any mail to my new location, I never got your form and it was not till recently that I realized I haven't yet paid my annual report.-

My new location is:
Patricia's Place
15180 Whimbrel Ct.
Ft. Myers, FL 33908

Please send any mail to this address.-

Thank you very much for your understanding. Sincerely,



Patricia Cavallini.
SS# 595 43 2891