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

CORPORATION **ANNUAL REPORT** 

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 14 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P94000043464 (4)

PATTERSON FLORIDA, INC.

## Principal Place of Business Mailing Address 4022 CATTLEMEN RD 4022 CATTLEMEN RD CENTERGATE PLAZA CENTERGATE PLAZA DO NOT WRITE IN THIS SPACE SARASOTA FL 34233 SARASOTA FL 34233 3. Date Incorporated or Qualified 06/10/1994 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Numbe 26 Not Applicable 65-0505715 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional M 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Zip 24 25 29 30 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LAMBRECHT, WILLIAM G 200 S ORANGE 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 83 R4 City 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 title if applicable (NOTE Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD □ DELETE Change Addition 1.1 TITLE NAME PATTERSON, RICHARD P 1.2 NAME 4359 WINNERS CIRCLE, APT. 1021 STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE TITLE **EVPD** Change Addition 21 TITLE PATTERSON, SUE M NAME 2.2 NAME STREET ADDRESS 4359 WINNERS CIRCLE, APT. 1021 2.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SY-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE ☐ Change \_\_\_ Addition NAME **6.2 NAME** STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby 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 true pe 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 or an attachment with an address.

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