

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000049367 (3)**

1. Corporation Name
PATTI Q'S CORP.



Principal Place of Business
**1278 N.W. FEDERAL HWY.
STUART FL 34994**

Mailing Address
**1278 N.W. FEDERAL HWY.
STUART FL 34994**

3. Date Incorporated or Qualified
07/01/1994

3a. Date of Last Report
03/09/1995

4. FEI Number
65-0509705

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

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

**QUARTERSON, DAVID L.
4 KNOWLES RD
STUART FL 34996**

10. Name and Address of New Registered Agent

81. Name **QUARTERSON, DAVID L.**

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

83. **2442 S.W. FOXPOINT TRAIL**

84. City **PAIM CITY** FL 85. Zip Code **34990**

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 *David L. Quarterson*
Typed or printed name of registered agent and state if applicable

DAVID L. QUARTERSON
(NOTE: Registered Agent signature required when reinstating)

1-21-96
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D QUARTERSON, PATRICIA L**
STREET ADDRESS **1278 N.W. FEDERAL HWY.**
CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **S/T/D** ☐ Change ☒ Addition

2.2 NAME **DAVID L. QUARTERSON**

2.3 STREET ADDRESS **1278 NW FEDERAL HWY**

2.4 CITY-ST-ZIP **STUART, FL 34994**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

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

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, 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 of my appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-96
Date

407/692-1043
Daytime Phone #

CR2E034 (12/95)