

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 AUG -4 AM 10:23

DOCUMENT # P94000063541 (4)

1. Corporation Name

PATRICK TRADING CORPORATION

Principal Place of Business

350 CROSSINGS BLVD #1420
ORANGE PARK FL 32073

Mailing Address

350 CROSSINGS BLVD #1420
ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

08/29/1994

3a. Date of Last Report

N/A

4. FEI Number

59-3267977

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 100.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 10010 Belle Rive Blvd

Suite, Apt. #, etc.
22 Suite 212

City & State
23 Jacksonville, FL

Zip
24 32256

Country
25 Duval

2a. Mailing Address

26 10010 Belle Rive Blvd

Suite, Apt. #, etc.
27 Suite 212

City & State
28 Jacksonville, FL

Zip
29 32256

Country
30 Duval

9. Name and Address of Current Registered Agent

MCGILL, PATRICK S
350 CROSSINGS BLVD #1420
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name

Same

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

10010 Belle Rive Blvd., Suite 212

83

84 City

Jacksonville

FL

85 Zip Code

32256

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 607.1503, Florida Statutes.

SIGNATURE

Patrick S. McGill

(NOTE: Registered Agent signature required when reappointing)

8/1/95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
MCGILL, PATRICK S
350 CROSSINGS BLVD #1420
ORANGE PARK FL 32073

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
DPST
Patrick S. McGill
10010 Belle Rive Blvd., Suite 212
Jacksonville, FL 32256
☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change

☐ Addition

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 explanation.

SIGNATURE:

Patrick S. McGill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick S. McGill

8/1/95

904-646-4237