SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

[redacted] PROFIT
[redacted] ANNUAL REPORT
[redacted] 1997

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

APPROVED AND FILED
97 DEC 12 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000007926 (5)

1. Corporation Name
PATRICIA TYSON & ASSOCIATES, INC.

REINSTATEMENT (97)

Principal Place of Business
3704 MARIANNA ROAD
JACKSONVILLE FL 32217

Mailing Address
3704 MARIANNA ROAD
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1995
3a. Date of Last Report: 08/12/1996

2. Principal Place of Business
21 165 BERMUDA COURT
Suite, Apt. #, etc.
22
City & State
23 PONTE VEDRA BEACH
Zip 24 32082 Country 25 ST JOHNS

2a. Mailing Address
26 PO BOX 1351
Suite, Apt. #, etc.
27
City & State
28 JACKSONVILLE BEACH FL
Zip 29 32240-1351 Country 30 DUVAL

4. FEI Number: ~~APPLIED FOR~~ 593292499 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**
TYSON, PATRICIA F.
3704 MARIANNA ROAD
JACKSONVILLE FL 32217

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 165 BERMUDA COURT
83
84 City PONTE VEDRA BEACH FL 85 Zip Code 32082

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 Patricia F Tyson 12/2/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HOCHMAN, RALPH J	1.2 NAME	
STREET ADDRESS	6055 ST. AUGUSTINE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	1.4 CITY-ST-ZIP	
☒ DELETE			
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	TYSON, PATRICIA F	2.2 NAME	
STREET ADDRESS	3704 MARIANNA ROAD	2.3 STREET ADDRESS	165 BERMUDA CT
CITY-ST-ZIP	JACKSONVILLE FL 32217	2.4 CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
☐ DELETE			
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	300002374073--8
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-12/16/97--01110--023
☐ DELETE			****750.00 ****750.00
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	A. Alan
CITY-ST-ZIP		4.4 CITY-ST-ZIP	12/12/97
☐ 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	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
☐ DELETE			

CR2E034 (4/97)

14. I do hereby 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 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 F Tyson 12/2/97 (904) 285-1824