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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000014641 (1)

1. Corporation Name

PATTERSON/PHIPPS CORP.



Principal Place of Business

~~301 YAMATO ROAD SUITE 2110~~
BOCA RATON FL 33481

Mailing Address

~~301 YAMATO ROAD SUITE 2110~~
BOCA RATON FL 33431-4220

3. Date Incorporated or Qualified

02/21/1995

3a. Date of Last Report

07/19/1996

2. Principal Place of Business

21 2101 Corporate Blvd.

Suite, Apt. #, etc.

22 Suite300

City & State

23 Boca Raton, Florida

Zip

24 33431

Country

25 USA

2a. Mailing Address

26 2101 Corporate Blvd.

Suite, Apt. #, etc.

27 Suite 300

City & State

28 Boca Raton, Florida

Zip

29 33431

Country

30 USA

4. FEI Number

65-0569538

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

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 PT ☐ DELETE

NAME PATTERSON, JAMES A
STREET ADDRESS 301 YAMATO ROAD SUITE 2110
CITY - ST - ZIP BOCA RATON FL 33431

TITLE VPS ☐ DELETE

NAME ELAM, CHARLOTTE
STREET ADDRESS 10000 SHELBYVILLE, SUITE 100
CITY - ST - ZIP LOUISVILLE KY 40223

TITLE AS ☐ DELETE

NAME FLEISHMAN, MICHAEL M
STREET ADDRESS 3300 NATIONAL CITY TOWER, 101 S. 5TH STR.
CITY - ST - ZIP LOUISVILLE KY 40202

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 ☐ 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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0311758

CP2E034 (9/96)