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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000018754 (8)

DOCUMENT #

1. Corporation Name PATTON & SON, INC.



Principal Place of Business Mailing Address  426 SE DOAT ST 426 SE DOAT ST						<b>                                    </b>	<b>111   111   111   111</b>
		PT ST LUCIE FL 34983			3. Date Incorporated or Qualified	3a. Date of Last	Report
					03/08/1995		•
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number EIN 4 L5-0568922		Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	LJ Ade	00 May Be ded to Fees
Zip	Country 25	Zip 29	Count	ry		□No	s 199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	Registered Agent	
426 SE I	, BILLY H DOAT ST UCIE FL 34983		8	2 Street Ad	dress (P.O. Box Number is Not Acceptat	ole)	
110.2			8	4 City		FL 85	Zıp Code
SIGNATURE _	Stgrierure, Woed organized name of registered age	υ			oration submits this statement for the popular of directors. I hereby accept the application of the popular of	DATE SPELL	13/176 TORS IN 12
TITLE	D	DELETE	1. 1 7170	E :	D, P, T, S	Chang	
NAME STREET ADDRESS	PATTON, BILLY H 426 SE DOAT ST			EET ADDRESS	-,		
CITY - ST - ZIP	PT ST LUCIE FL 34983	<b>[</b> □ DELETE	1.4 C/TY 2. 1 T/TL	'-51-7IP		[ ] Chan	ge [**] Addition
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NAME			3.2 NAN	NE B			
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NAME			4.2 NAN				
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STREET ADDRESS				Y-ST-ZIP			
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NAME		<b>—</b>	6.2 NA	Į.			
STREET ADDRESS				EET ADDRESS			
_				Y-ST-ZIP			
CITY-SI-ZIP	15 11 11 15 15 15 15 15 15 15 15 15 15 1	al ista stata filina in untumborita furmio			fy for the exemption stated in Section 11	9 07/3)(k). Florida St	atutes, i further

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 furner 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 frade 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 or changed, or on an attention nent with an address.

SIGNATURE:

(407) 878-7351