## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P95000060899 (8)

PAT SCOTT, INC.

APPROVED AND FILED

1996 SEP -4 AM 8: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA



| Principal Place   | e or business  | Maling Address                                     |                         |  |  |                                |
|---|--|--|-------------------------|--|--|--------------------------------|
| 830-13 A1A NORTH<br>SUITE 103<br>PONTE VEDRA BEACH FL 32082 |  | 830-13 A1A NORTH<br>SUITE 103<br>PONTE VEDRA BEACH |                         |  | 1  | ate of Last Report             |
|   |  |  |                         |  | 08/08/1995   |                                |
| 2. Principal Pl   | ace of Business  | 2a. Maiting Address                                |                         |  | 4. FEI Number  | Applied For                    |
| 21  | 26   |  |                         |  | 59-3329186   | Not Applicable                 |
| Suite, Apt. #, etc  |  | Suite, Apt. #. etc                                 |                         |  | 5. Certificate of Status Desired                       | \$8.75 Additional              |
| 27  |  |  |                         |  |  | Fee Required                   |
| City & State  |  | - · · · · · · · · · · · · · · · · · · ·            | City & State            |  | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be<br>Added to Fees |
| <b>23</b><br>Zip_   | Country  | <b>28</b> Zip                                      | Country                 |  | This corporation has hability for intangible           |                                |
| 24 Z.P.   | 25   | 29   | 30                      | ,  | Florida Statutes Yes                                   | ] No                           |
| 141   | 9. Name and Address of Cur                                 |  | 100                     |  | 10. Name and Address of New Registered                 | Agent                          |
| 00  | OTT DAT  | 3  | 81                      | Name   |  |                                |
| - SCOTT, PAT<br>830-13 A1A NORTH                            |  |  | 82                      | 2 Street Address (P.O. Box Number is Not Acceptable) |  |                                |
|   | ITE 103  |  |                         |  |  |                                |
|   | NTE VEDRA BEACH FL 3208                                    | 2  | 83                      |  |  |                                |
|   |  | _  | 84                      | City   |  | 85 Zip Code                    |
|   |  |  |                         | 1 1  | poration submits this statement for the purpose of     | <b>-</b>                       |
| SIGNATURE   | Signature: typest or pointed matter of recollects OFFICERS | agent and tide it applicable (P<br>AND DIRECTORS   | TF Registered Ag        | ents goature requ                                    | DATE ADDITIONS/CHANGES TO OFFICERS AN                  | D DIRECTORS IN 12              |
| TITLE   | DPTS   | DELETE   | 1.1 1111.6              | T  |  | Change Addition                |
| NAME  | SCOTT, PAT   |  | 1.2 NAME                |  |  |                                |
| STREET ADDRESS  | 830-13 A1A NORTH, SUITE                                    | 103  | 13 STREE                | T ADDRESS  |  |                                |
| CITY - ST - ZIP   | PONTE VEDRA BEACH FL                                       |  | 14 CITY -               | ST-7IP   |  |                                |
| TITLE   |  | ☐ DELFTE   | 21 TillE                |  |  | Change Addition                |
| NAME  |  |  | 2.2 NAME                |  |  |                                |
| STREET ADDRESS  |  |  |                         | 1 ADDRESS  |  |                                |
| CITY-ST-ZIP   |  | DELETE   | 2 4 CITY -<br>3 1 TITLE | · S1 · ZIP   |  | Change Addition                |
| TITLE<br>NAME   |  |  | 32 NAME                 |  | 900001   | 950259                         |
| STREET ADDRESS  |  |  |                         | LADDRESS   | -09/ <u>18/9</u> 80                                    | Change Addition                |
| CITY-\$1-ZIP  |  |  | 34 City                 |  | ****375.00   | ****375.00                     |
| TITLE   |  | DELETE   | 4 1 TITLE               |  |  | Change Addition                |
| NAME  |  |  | 4 2 NAME                |  |  |                                |
| STREET ADDRESS  |  |  | 4 3 STHEF               | T ADDRESS  |  |                                |
| CITY-ST-ZIP   |  |  | 44 CITY -               |  |  |                                |
| TITLE   |  | DELETE   | 5 1 TITLE               |  |  | Change Addition                |
| NAME  |  |  | 5 2 NAME                |  |  |                                |
| STREET ADDRESS  |  |  |                         | LADDRESS   |  |                                |
| CITY-S1-ZIP   |  | DECEM  | 5.4 CITY -              |  |  | Change Addition                |
| TITLE   |  | DELETE   | 617111.6                | ł  |  | The regarder The vegation      |
| NAME  |  |  | 6.2 NAME                |  |  | The Mi                         |
| STREET ADDRESS  |  |  |                         | T ADDRESS  |  | alia,                          |
| CITY-ST-ZIP   |  |  | 6.4 CITY                | ST ZIP   | 7.               | 71.                            |

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 617, Florida Statutes, and that my name appears in Block 12 of these 13 if changed, or on an attachment with an address. CHATRICIA L. SCOTT, PRINCIA B/30/FL (800/3/4-1726)

SIGNATURE: