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

DOCUMENT # P9 1. Corporation Name	5000070524 (0)	
PATCHES GALORE,INC.			
Principal Place of Business	Mailing Address		
86 MEADOW CIRCLE ELLENTON FL 34222	86 MEADOW CIRCLE ELLENTON FL 34222		
			3, Date Incorporated or Qualified 3a. Date of Last Report 09/13/1995
Principal Place of Business The Principal Place of Business	2a. Mailing Address 26		4. FEI Number Applied For 4.5 - 06 17 0 1 9 1923/2 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	City & State	- 34 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country 25	Zip 29	Country 30	This corporation has liability for intangible tax under s 199.032, Fiorida Statutes
= · I	Current Registered Agent		10. Name and Address of New Registered Agent
		81 Name	
ANKROM, LOIS M		82 Street A	kddress (P.O. Box Number is Not Acceptable)
86 MEADOW CIRCLE ELLENTON FL 34222		83	ALL
		84 City	FL 85 Zip Code
or registered agent, or both, in the State	e of Florida. Such change was authorized	, the above named cor b by the corporation's b	rporation submits this statement for the purpose of changing its registered office board of directors. I hereby accept the appointment as registered agent. I am
familiar with, and accept the obligations SIGNATURE LOIS M. ANKR. Supplies typical or productions of representations.	A100	- Fagedined Agost signature re-	4/1/96
Signature by real or priviled name of representations. 12. OFFICE THE NAME CONTROL DESCRIPTION SIGNATURE BY THE ARMY OF FICE SIGNATURE BY THE ARMY OF THE AR	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Pris. Sect. cheas 205 Masters Ch. Hornwood S.C. 29449 Change Addition Vice Pris. Cast. Sect. 84 Mendan Carola Pegistral agent Ellanter II. 34222
TITLE .	DELETE	1 1 TIFLE	L' Kynn Buscol Change Addition
NAME Kilynn 13re	, e-s	1.2 NAME	Pris. , dect. cheas
STREET ADDRESS		13 STREET ADDRESS	205 Martin 19149
CITY-ST-ZIP		1,4 Cify - SI - ZiP -	Greenwood S.C.
TITLE	[] DELETE	2 1 T TLE	Change Addition
NAME		2.2 NAME	Vice his fan Cirale figistred agent
STREET ADDRESS		23 STREET ADDRESS	600 to ff 3422 2
CITY-ST-ZIP	☐ DELETE.	24 CITY - ST - ZIP	Change Addition
TITLE	[] been	3 1 117LE 3 2 NAME	_ orange _ receive
NAME .		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CiTY - ST - ZIP	
CITY-ST-ZIF TITLE	DELETE	4 1 TITLE	Change Addition
NAME	_	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-SI-ZIP		4.4.0(1y-S1-ZIP	
TITLE	DELETE	5 1 1/ILF	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY+S1-7iP	
TIFLE	☐ DELETE	6 1 TITLE	Change Addition
NAME		6.2 NAME	. 1
STREET ADDRESS		6.3 STREET ADDRESS	Bank deposit \$ 2000
CITY-ST-ZIP		64 CITY - ST - ZIP	Jank was State 110 07/9/14 Flood Crest to 11 other

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 address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 941-722-5523 5(- 21-19-96

CR2E034 (12/95)