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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90084 017 ***150.00

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PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P95000070524

1. Corporation Name
PATCHES GALORE, INC.

Principal Place of Business

86 MEADOW CIRCLE
ELLENTON FL 34222

Mailing Address

86 MEADOW CIRCLE
ELLENTON FL 34222

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1995

4. FEI Number

65-0617019

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 6210 Hwy 301 N

Suite, Apt. #, etc.

2a. Mailing Address

26 6210 Hwy 301 N.

Suite, Apt. #, etc.

City & State

23 Ellenton, FL

Zip Country

24 34222

25

City & State

28 Ellenton, FL

Zip Country

29 34222

30

9. Name and Address of Current Registered Agent

ANKROM, LOIS M
86 MEADOW CIRCLE
ELLENTON FL 34222

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 6210 Hwy 301 N

84 City

Ellenton

FL

85 Zip Code

34222

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 *Lynn Briscoe*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/30/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME BRISCOE, L. LYNN
STREET ADDRESS 205 MASTERS DR
CITY-ST-ZIP GREENWOOD SC 29649

☐ DELETE

TITLE VS
NAME ANKROM, LOIS M
STREET ADDRESS 86 MEADOW CIRCLE
CITY-ST-ZIP ELLENTON FL 34222

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME BRISCOE, L. LYNN
1.3 STREET ADDRESS 176 OSPREY CIRCLE
1.4 CITY-ST-ZIP ELLENTON, FL 34222

☒ Change ☐ Addition

2.1 TITLE VS
2.2 NAME ANKROM, LOIS M
2.3 STREET ADDRESS 176 OSPREY CIRCLE
2.4 CITY-ST-ZIP ELLENTON, FL 34222

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: *Lynn Briscoe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/99 941-77215523

CR2E034 (11/98)