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CRESTVIEW FL 32536

**PROFIT CORPORATION** ANNUAL REPORT

**19**98

Principal Place of Business

156 ALABAMA STREET

CRESTVIEW FL 32536



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600001735 (5)

PATTISON PROFESSIONAL COUNSELING CENTER, INC.

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FILED

Jul 10 1998 8:00am

Secretary of State

Mailing Address	
156 ALABAMA STREET	

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3351858 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes . Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** PATTISON, DONALD O 156 ALABAMA STREET 82 Street Address (P.O. Box Number is Not Acceptable) CRESTVIEW FL 32536 83 84 City Zip Code 85 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 registured agent and title if applicable (NOTE: Registered Agent signature required whon reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition PATTISON, DONALD O NAME 1.2 NAME **156 ALABAMA STREET** STREET ADDRESS 1.3 STREET ADDRESS CRESTVIEW FL 32536 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change T(T) F \_\_\_ Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE TITLE 61 TITLE 700002586607 NAME 6.2 NAME -07/13/98--01074--007 STREET ADDRESS 6.3 STREET ADDRESS \*\*\*150.00 64 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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, man an attachment with an address.