## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P96000016492 (6)

PATCO CONTRACTORS, INC. Principal Place of Business Mailing Address

## **FILED** Feb 13 1998 8:00am Secretary of State



10272-B S.E. 58TH AVENUE BELLEVIEW FL 34421		P.O. BOX 1208 BELLEVUE FL 34421				
DELLEVIEW PL 34421		DECLEVUE FE 34421	DELLEVUE PL 34421		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					02/20/1996	
2. Principat Place of Business 2a. Mailing Address					4. FEI Number Applied For	
21		26	-		59-3379382   Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		S8 75 Additional	
22		27	•		5. Certificate of Status Desired Fee Regulred	
City & Stat	le	City & State	·		6. Election Campaign Financing \$5.00 May Be	
23		28	1		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	/	This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
A	9, Name and Address of Curre		_ <del> </del>		10. Name and Address of New Registered Agent	
MCLAUGHLIN, PATRICK 8				Na	Name	
10272-B S.E. 58TH AVENUE			ļ	L		
BELLEVIEW FL 34421			82	82 Street Address (P.O. Box Number is Not Acceptable)		
"	CLEVILTY FL 37721		63	├─-		
				ĺ		
			84	City	City 85 Zip Code	
4.2 12				L	FL   S   Zip code	
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 of the purpose of changing 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 registered as		OTE: Registered Age	ant sign	signature required when reinstaling) DATE	
12.	OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	MCLAUGHLIN, PATRICK		1.2 NAME			
STREET ADDRESS 10253 SOUTHEAST HARBOR ROAD			1.3 STREET	ADDRE	IDRESS	
CITY-ST-ZIP	BELLEVIEW FL 34421		1.4 CITY-S	T-ZIP	ZIP	
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME		'	
STREET ADDRESS			2.3 STREET	ADDRE	IORESS	
CITY-ST-ZIP			2. 4 CITY - S			
TITLE		DELETE	3 1 TITLE	71 211	Change Addition	
NAME		<u> </u>	3.2 NAME		J Addition	
STREET ADDRESS				ADDEC	appree	
			3.3 STREET			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-S	SI-ZIP		
		L' DETERE	4 1 THTLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRE	DRESS	
CITY-ST-ZIP			4.4 C(TY - S)	T - ZIP	ne	
TITLE	☐ DELETE S.1 T/		5.1 TITLE		V// ☐ Change /☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRES	DRESS   '-//)//	
CITY-ST-ZIP			5.4 CITY-\$1	î - ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition	
NAME			6.2 NAME		400002431434 -02/16/3801024033	
STREET ADDRESS			6.3 STREET	ADDRES	DRESS -02/16/3801024033	
CITY-ST-ZIP			6.4 C/TY - ST		ቋቋቋነርስ ሰስ	

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or used accurate 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 exercise.