## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



LORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000063877 (0)

PAT, CHUCK & BILL, INC.

773

97 AUG 22 PM 2: 27

SECRUTARY OF STATE TALL ARASSEE FLORIDA



Principal Place of Business Mailing Address												
	GARDENS BLVD.		619 CYPRESS GARDENS BLVD.									
( Winter Havei 	V FL 33880	WINTER I	WINTER HAVEN FL 33880				}	DO NOT WRITE IN THIS SPACE				
							İ	3. Date Incorporated or Qualified	3a. Da	ate of Last F	Report	7
L			·					07/29/1996				
	lace of Business	├─ <u>┐</u>	2a. Mailing Address					4. FEI Number			pplied for	_
Sulte, Apt.	# ata	26 Suito	Suite, Apt. #, etc.								ot Applicable	1
22	#, <del>6</del> 10.	} ·1	27				1	5. Certificate of Status Desired		•	Additional leguired	
City & State	<del></del>		City & State					6. Election Campaign Financing			May Be	$\dashv$
23		28	28					Trust Fund Contribution			to Fees	
Zip	Country	Zip Zip	Zip Country					8. This corporation owes or has paid the current year Intangible				
24			29 30					Personal Property Tax due June				
	9. Name and Address of Curre	nt Registered	Agent		81	None		10. Name and Address of New Ro	epistered	Agent		-
	RRAY, PATRICK				ויי	Name	<b>a</b>					
	CYPRESS GARDENS BLVD.				82	Street	t Address (P.O. Box Number is Not Acceptable)				٦	
AAIN	TER HAVEN FL 33880				83							$\dashv$
ļ									-			╛
ĺ					84	City			FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.150	8, Florida Statu	tes, the al	bovo	o-named	d corpor	ation submits this statement for the	OUTDOSE O	f changing i	its registered	1
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Suc gations of, Secti	ch change was on 607,0505, FI	authorize Iorida Stat	d by lutes	the corps.	rporation	i's board of directors. I hereby acce	pt the app	ointment as	registered	
SIGNATURE												1
	Signature, typed or printed name of registered as			H Registerer	d Age	n: signature	to required	whon reinstating)	DATE.	DIDECTO	00 111 40	٦,
12.	PSTD OFFICERS AN				11 THILF		ADDITIONS/CHANGES TO OFFI	CENS AND	Change	Addition	,   <u>'</u>	
NAME	MURRAY, PATRICK		1.2 N 1.3 S			1.2 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP				CT CARRIED		
STREET ADDRESS	619 CYPRESS GARDENS BLV	/D.										3
CITY-ST-ZIP	WINTER HAVEN FL 33880											
TITLE	D		DELETE	2.1 11	11F					Change	Addition	٦٥
NAME	RASMUSSEN, WILLIAM R		D				l					
STREET ADDRESS	1620 BLACK HAWK HILLS RO	DAD				ADDRESS	:					1
CITY-ST-ZIP	EAGAN MN 55122					31 - ZIP				TT -:		_
TITLE	D D		☐ DELFTE	3.1 TO						Change	Addition	' }
NAME OTDEST ADDRESS	LYNCH, CHARLES 400 NE STINSON ROAD		3.2 N			*****						
STREET ADDRESS	MINNEAPOLIS MN 55413					ADDRESS						
CITY-SI-ZIP TITLE	MINISTER OLD THE OUT IS		DELETE	4.1 Ti		ST - 71P	+			Change	Addition	,
NAME				4.2 N				100002	27E		_	3
STREET ADDRESS					4.3 STREET ADORESS			100002 -08/23	797	01172-	~020 <sup>~</sup>	
1				4.4 CITY-ST-ZIP			非非未来	65.00	非非非非	165.00		
CITY-\$T-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·				5 1 TITLE		1			Change	Addition	٦
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STREMADDRESS				5.3 \$1	REET	ADDRESS						
CITY-ST-ZIP				5.4 CI		T- 21P				T-1		_
TITLE			DELETE	6.1 TI						Change	Addition	1
NAME		62 NAME										
STREET ADDRESS				63 ST	REET	ADDRESS		<i>1</i> \	l J			ı

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do 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 18 or Block 13 if chapted, or on an attachment with an address.



Certified Public Accountant

CYPRESS SQUARE, 559 AVENUE K, S.E. / P.O. BOX 1029, WINTER HAVEN, FL 33882-1029

Telephone (813) 299-7277 or 299-6822

August 18, 1997

Florida Department of State Sandra B Mortham Secretary of State P O Box 1500 Tallahassee, Florida 32302

Re: Pat, Chuck & Bill, Inc.

Dear Secretary:

Please find enclosed Check # 9143 which is a reissue of Check # 8835. Check # 8835 was issued on April 7, 1997, and as of this date is still outstanding. We have enclosed the check stub as it was written in April.

MEMBER
Florida Institute
of Certified Public Accountants

American Institute of Certified Public Accountants

Your assistance in handling this matter is greatly appreciated.

Sincerely,

Patrick J Dugas

Certified Public Accountant

PJD/dd Encl