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Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000091315 (7)

1. Corporation Name

TOM & JERRY'S, INC.

Principal Place of Business

1255 N 15TH STREET  
UNIT 7  
IMMOKALEE FL 34142

Mailing Address

1255 N 15TH STREET  
UNIT 7  
IMMOKALEE FL 34142-2859

3. Date Incorporated or Qualified  
11/06/1996

3a. Date of Last Report  
NA

2. Principal Place of Business

21 520 E. New Market Rd  
Suite, Apt. #, etc.

2a. Mailing Address

26 520 E. New Market Rd  
Suite, Apt. #, etc.

4. FEL Number

69-3412916

Applied For

Not Applicable

22 City & State

23 Immokalee, FL

27 City & State

28 Immokalee, FL

24 Zip

34142

25 Country

USA

29 Zip

34142

30 Country

USA

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

WILLIAMS, JERRY  
1255 N 15TH STREET  
UNIT 7  
IMMOKALEE FL 34142

10. Name and Address of New Registered Agent

81 Name

Patrice Patterson

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

1021 Palm Dr.

83

Immokalee

84 City

Immokalee

85

FL

85

Zip Code

34142

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

Patrice Patterson

Patrice Patterson, Sec/Treas

3-29-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME WILLIAMS, JERRY  
STREET ADDRESS 1255 N 15TH STREET UNIT 7 - 805 Jefferson Ave  
CITY - ST - ZIP IMMOKALEE FL 34142

TITLE D  
NAME PATTERSON, TOM  
STREET ADDRESS 1021 PALM DRIVE  
CITY - ST - ZIP IMMOKALEE FL 34142

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Patrice Patterson

Patrice Patterson 3-29-97 (941) 657-3396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0418422

CR2E034 (9/96)