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

PROFIT

officer or director of the corporation or the re Block 12 or Block 13 if charged, or on an all

May 06 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mort**j**am Secretary of State **ANNUAL REPORT** Secretary of Sta DIVISION OF CORPORATIONS **19**98 DOCUMENT # P97000005527 (1) PATEME, INC. Principal Place of Business Mailing Address 6892 EAST HIGHWAY 466 6692 EAST HIGHWAY 466 OXFORD FL 34484 OXFORD FL 34484 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/17/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 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 Personal Property Tax due June 30. Yes No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name LOUNSBURY, PATRICIA 6692 EAST HIGHWAY 466 82 Street Address (P.O. Box Number is Not Acceptable) OXFORD FL 34484 83 84 City 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, lyped or printeg name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE LAGDEN, PATRICIA C NAME 1.2 NAME 6692 EAST HIGHWAY 466 STREET ADDRESS 1.3 STREET ADDRESS OXFORD FL 34484 CITY-ST-ZIP 1.4 CITY-ST-ZIP DFLETE Change Addition TITLE 2.1 TOTALE LAGDEN, GRAEME HENRY 2.2 NAME 6692 EAST HIGHWAY 466 STREET ADDRESS 2.3 STREET ADDRESS OXFORD FL 34484 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZiP DELETE ☐ Change ___ Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY- \$1-7IP 14. Thereby certify that the information supplies 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 of supplierned all 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 of dustree empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted on one all his chapter of the corporation of the corporation

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