

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

FILED  
Feb 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000058271 (2)

1. Corporation Name  
DAVID & PAT, INC.

Principal Place of Business  
5104 Springwood Dr.  
14008 VILLAGE VIEW DR.  
TAMPA FL 33624

Mailing Address  
5104 Springwood Dr.  
14008 VILLAGE VIEW DR.  
TAMPA FL 33624



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5104 Springwood Dr. Suite, Apt. #, etc.		2a. Mailing Address 26 5104 Springwood Dr. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/01/1997	
22 City & State 23 Tampa FL		27 City & State 28 Tampa FL		4. FEI Number 59-3473894	
24 Zip 25		29 Zip 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MORRIS, PATRICIA E 14008 VILLAGE VIEW TAMPA FL 33624 5104 Springwood Dr.				10. Name and Address of New Registered Agent 81 Name Morris, Patricia E. 82 Street Address (P.O. Box Number is Not Acceptable) 5104 Springwood Dr. 83 84 City Tampa FL 85 Zip Code 33624			
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT MORRIS, PATRICIA E	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, PATRICIA E	1.2 NAME	
STREET ADDRESS	14008 VILLAGE VIEW DR.	1.3 STREET ADDRESS	5104 Springwood Dr.
CITY-ST-ZIP	TAMPA FL 33624	1.4 CITY-ST-ZIP	
TITLE	DVS BIGAREL, DAVID	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGAREL, DAVID	2.2 NAME	
STREET ADDRESS	14008 VILLAGE VIEW DR.	2.3 STREET ADDRESS	5104 Springwood Dr.
CITY-ST-ZIP	TAMPA FL 33624	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: David Bigarel David Bigarel 2/16/98

CR2E034 (10/97)