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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000087889**1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME

R. DALE PATCHETT MANAGEMENT, INC.

Principal Place of Business  3145 SHAMROCK SOUTH TALLAHASSEE FL 32308  Mailing Address  3145 SHAMROCK SOUTH TALLAHASSEE FL 32308								l '			
2. Principal Pl	ace of Business	2a.	. Mailing Address				4. FEI Number		Applie	d For	
21	200 0. 245000	26					59-3474985			pplicable	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					· · · · · · · · · · · · · · · · · · ·	5 Add Requi	3	
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip	Country	29	Zip	Cou	ntry		This corporation owes the current Personal Property Tax.	year Intangible	<u> </u>	No	
	9. Name and Address of Cur	rent Regis	stered Agent				10. Name and Address of New Reg	istered Agent			
BREWTON, WILBUR E 225 SOUTH ADAMS STREET SUITE 250 TALLAHASSEE FL 32301					82 83 84	83					
office or re	to the provisions of Sections 607. egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florio	da. Such change was a	uthorized	l by	the corpo	corporation submits this statement for the pu oration's board of directors. I hereby accept t	rpose of changing he appointment a	j its reg s regist	istered ered	
SIGNATURE	Signature, typed or printed name of registered	agent and title	if applicable. (NOTE	Registered	Agen	nt signature re	equired when reinstaling)	DATE			
12.	OFFICERS	AND DIRE		13.			ADDITIONS/CHANGES TO OFFIC				
TITLE	D		☐ DELETE	1.1 TI	ΠE			Char	ig <del>e</del>	☐ Addition	
NAME	Patchett, R. Dale			1.2 NA	ME						
STREET ADDRESS	3145 SHAMROCK SOUTH			1.3 \$1	REET	T ADDRESS			•		
CITY-ST-ZIP	TALLAHASSEE FL 32308			1.4 CI	TY-S	T-ZiP					
TITLE			☐ DELETE	2.1 TI	īLΕ		:	Char	nge i	Addition	
NAME				2.2 NA	ME						
STREET ADDRESS				2.3 ST	REET	T ADDRESS	•	•			
CITY-ST-ZIP				2.4 C	TY-S	T-ZIP					
TITLE			☐ DELETE	3.1 TF	ΠE			Chai	nge	Addition	
NAME				3.2 NA	ME						
STREET ADDRESS				3.3 ST	REET	TADDRESS			,1	14.60	
CITY-ST-ZIP				3.4. C		T-ZIP			2.1	5 m, kg	
TITLE			☐ DELETE	4.1 TI	TLE		·	∵ U Cha	nge:	Addition	
NAME				4. 2 N						ļ	
STREET ADDRESS				4.3 ST	REF	ADDRESS					

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, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

**FILED** 

Feb 09, 1999 8:00am

**Secretary of State** 

02-09-1999 90002 046 \*\*\*150.00

850-668-0595

Change

☐ Addition

☐ Addition