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

PROFIT CORPORATION ANNUAL REPORT

1998

The state of the s



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000105331 (7)

PATTERSON PRODUCE INC.

FILED Apr 22 1998 8:00am Secretary of State



City & State City & State City & C	Principal Place of Business				Mailing Address								91199 111		. 1181 1861
2. Principal Place of Business 2. A Maring Address 3. Date incorporated of Charletter 17					· · · · · · · · · · · · · · · · · · ·										
2. Principal Place of Business 2. Melling Address 3. Principal Place of Business 3. Suite, April 9, etc. 3. Suite, April 9, et	JAY FL 32565				JAY FL 32565					DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 2e. Maining Address 5. Elisables 5. Elisable									<u></u>	3 [_
2. Principal Place of Business 2. Moleing Advances 3. Fig. Number 5. Fig. April et al.										٠	•	u			
Sullo, Apt. 4, etc. 25	2. Principal P	lace of Busin	ness	20.	2e Mailing Address					4. [·		TANK	uiod Enr
Suite, Apt #, etc 2 2 2 2 2 2 2 2 2	 1									•	59-1557152)			
City & State		#. etc.									<u> </u>		- €Ω 7	-	
City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & Country City & Country City & Ci	22			├ -¬	h-n ' '					5. (Certificate of Status Desired			_	
28 29 20 20 20 20 20 20 20		9			_ 					e 1	Election Compaign Figureins				
Zip Country Zip 30 Country S. This corporation owes or has paid the current year Intenglate Personal Property and address of Current Registered Agent Personal Property and address of New Registered Agent Personal Property and Personal Property Addition Property and Personal Property and Personal Property and Personal Property and Personal Property Addition Property and Personal Property and Personal Property and Personal Property and Personal Property Addition Property Addition Property and Personal Property Addition P															
Personal Property Tax due June 20 You No No		in Country						untry							
PATTERSON, THOMAS J 111 S MACNOLLA ST JAY PL 32595 12 Street Address (P.O. Box Number is Not Acceptable) 13 Name 14 City 15 Name 16 City 17 Pursuant to the provisions of Sections 607 0cc7 and 607 1506, Florida Skikkling, the above-named corporation submits this statement for the purpose of changing its registered office or registered appears and acceptable of the purpose of changing its registered office or registered appears and acceptable of the purpose of changing its registered office or registered appears and acceptable of the purpose of changing its registered office or registered appears and acceptable of the purpose of changing its registered of the appointment as registered appears and acceptable of the purpose of changing its registered appears and acceptable of the appointment as registered of the appointment as registered appears and acceptable of the appointment as registered appears and acceptable of the appointment as registered of the appointment as registered appears and acceptable of the appointment	24		-	├- -ŋ	 		ī		'		·				
THE BANGRES IN SAMORES IN STREET ADDRESS IN STRE		9. Name			red Agent	1951			11						
111 S MAGNOLIA ST JAY R. 32565 12	PΔ	TTÉRSON	THOMAS J				B1	Name							
JAY FL 32565 B3 B4 City FL B5 Zip Code 11. Pursuant to the provisions of Sections E07 0502 and 607 1506, Florida Sibilules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am femiliar with, and accept the collegations of, Section 607 0505, Florida Sibilules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am femiliar with, and accept the collegations of, Section 607 0505, Florida Sibilules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am femiliar with, and accept the collegations of, Section 607 0505, Florida Sibilules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am femiliar with, and accept the collegations of, Section 607 0505, Florida Sibilules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am femiliar with a province required when remaining. I all the corporation submits this statement for the purpose of changing its registered agent. I am femiliar with a province of required agent. I am femiliar with a province of required agent. I am femiliar with a registered and accept the collegation of the purpose of changing its registered agent. I am femiliar with a registered and accept the corporation is board of directors. I hereby accept the appointment as registered agent. I am femiliar with a registered addition. I am femiliar with a registered addition. I am femiliar with a registered addition. I am femiliar with a registered agent. I am femiliar with a registered agent. I am femiliar with a registered addition. I am femiliar with a registered additi						<u> </u>									
Sa					ļ			Street A	et Address (P.O. Box Number is Not Acceptable)						
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutios, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, 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 agont, and registered agont is minimal familiar with, and accept the obligations of, Section 67 0505, Florida Statutes. SIGNATURE Table	J A	I LF SESSY	,			la la	33				· · · · · · · · · · · · · · · · · · ·				
11. Pursuant to the provisions of Sections 607 05:02 and 607 15:08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, to m finalize with, and accept the obligations of, Section 607 05:05, Florida Statutes, agent, to m finalize with, and accept the obligations of, Section 607 05:05, Florida Statutes, agent, to m finalize with, and accept the obligations of, Section 607 05:05, Florida Statutes, agent, to m finalize with, and accept the obligations of, Section 607 05:05, Florida Statutes, agent, to m finalize with, and accept the obligations of, Section 607 05:05, Florida Statutes, agent, to m finalize with, and accept the obligations of, Section 607 05:05, Florida Statutes, agent, to m finalize with, and accept the obligation of the purpose of changing its registered office of the purpose of change its registered agent, and the completed agent, and all the completed agent, and accept the obligation of the complete of the appointment as registered of definition of the complete of the purpose of the purpose of the complete of the						Ĺ									
11. Presuant to the provisions of Sections 607 6602 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE 12. OI FICERS AND DIRECTORS 13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12. 12. INAME 12. INAME 13. SREEL ADDRESS 13. SREEL ADDRESS 14. GITY ST. 2P 10. DELETE 11. THE 12. PARTITION OF A STATE COMMENT OF A STATE						[0	84	City					85	Zip C	ode
office or registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, in familiar vitin, and accept the obligations of, Section 607.0565. Foreida Statutor, Foreida for the familiar vitin, and accept the obligations of, Section 607.0565. Foreida Statutor, Foreida for the familiar vitin, and accept the obligations of, Section 607.0565. Foreida Statutor, Foreida for the familiar vitin and accept the obligations of, Section 607.0565. Foreida Statutor, Foreida for the familiar vitin and accept the obligations of, Section 607.0565. Foreida Statutor, Foreida for the familiar vitin and accept the obligations of Section 607.0565. Foreida Statutor, Foreida for the familiar vitin and accept the obligations of Section 607.0565. Foreida Statutor, Foreida for the familiar vitin and accept the obligations of Section 607.0565. Foreida Statutor, Foreida for the familiar vitin and accept the obligations of the familiar vitin and accept the obligations. Foreign and accept the obligations of the familiar vitin and accept the obligations. Foreign and accept the obligations of the familiar vitin and accept the obligations. Foreign and accept the obligations. Foreign and accept the obligations of the familiar vitin and accept the obligations. Foreign and accept the obligation and accept the obligations. Foreign and accept the obligation and accept the obligations. Foreign and accept the obligation and accept the ob	44 Durement	to the provie	ions of Sections 607 Of	02 and 60	7 1509 Florida Statu	ton the abo		named	corporat	tion	submite this statement for th		<u> </u>	na ita	ragiotorod
SIGNATURE The	office or re	egiste red ag	jent, or both, in the Stat	te of Florida	i. Such change was	authorized	by	the corp	oration's	s bo	pard of directors. I hereby ac	cept the appo	intmen	tas r	egistered
Signature, by seed or president and select applicable (ADDITIONS) 13.	agent. I a	m tam iliar w	ith, and accept the obli	gations of,	Section 607.05 0 5, F	lorida Statu	tes.								ł
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE INAME ISSUME TABLES INTERPROPESS CITY-ST-ZIP IDELETE DELETE 2 TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THOUGH CONTROL THOU CHANGE ISSUME TABLES INTERPROPESS CITY-ST-ZIP DELETE 2 TITLE DELETE 2 TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THOUGH CONTROL THOU CHANGE 2 Addition TO ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THOU CHANGE ISSUME TABLES THE CONTROL THE CONTROL THE CONTROL THE CONTROL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THOU CHANGE THE CONTROL THE C		h				Tr. Destates and									
TITLE INAME STREET ADDRESS		Signatura, typeo					Agen	it signature i	required wit				DIREC	TOPS	INI 12
12 NAME 13 STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS 14 CTTY-ST-ZP 17 TILE			OTTIOETICAL	110 271111 01					Don				_		
STREET ADDRESS OTY-ST-ZIP TITLE DELETE DELETE 1.3 STREET ADDRESS OTY-ST-ZIP NAME STREET ADDRESS OTY-ST-ZIP DELETE DELETE 1.3 STREET ADDRESS 2.4 DOTY-ST-ZIP DELETE 3.3 STREET ADDRESS 2.4 DOTY-ST-ZIP DELETE 3.4 CITY-ST-ZIP DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 4.2 NAME 4.3 STREET ADDRESS OTY-ST-ZIP TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 4.2 NAME 4.3 STREET ADDRESS OTY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.3 STREET ADDRESS OTY-ST-ZIP TITLE DELETE 6.1 TITLE DELETE 6.2 NAME 6.2 NAME 5.3 STREET ADDRESS OTY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS OTY-ST-ZIP TITLE DELETE 6.4 CITY-ST-ZIP DELETE 6.4 CITY-ST-ZIP DELETE 6.5 NAME													0	- No	~ / (0.011.01/
DELETE DELETE 21 TITLE	-							***************************************	100	Š	ias J. Hatterson	7			
DELETE DELETE 21 TITLE								ADDITION	111 :	5.	magnolia 34				ì
NAME					DELETE			- ZIP	you	y .	110 23263		Char		Addition
CITY-ST-ZIP	-								Λ' . Κ.	.6	S of Outors		Citan	ı y c	MET VOCINION
CITY-ST-ZIP	_								nich	M.	ra e Patterson				1
TITLE DELETE 31 TITLE 32 NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP DELETE DELETE 3.4 CITY-ST-ZIP DELETE DELETE 41 TITLE Addition									2793	3	Nelson Town KI	•			ļ
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE ASTREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.4 CITY-ST-ZIP TITLE DELETE 5.4 CITY-ST-ZIP TITLE DELETE 5.5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS CITY-ST-ZIP Change Addition					DELETE			1 - ZIP					7		Tel trees
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	1				T DELETE)					Chan	ige	Addition
STREET ADDRESS STRE	NAME					3.2 NAN	1E								i
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME </th <th>STREET ADDRESS</th> <th></th> <th></th> <th></th> <th></th> <th>3.3 STR</th> <th>EET A</th> <th>ADDRESS </th> <th>ء ص</th> <th>S.</th> <th>magnolia st</th> <th></th> <th></th> <th></th> <th></th>	STREET ADDRESS					3.3 STR	EET A	ADDRESS	ء ص	S.	magnolia st				
NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP							_	I-ZIP	Jan	4	FL 32565				
A3 STREET ADDRESS A4 CITY-ST-ZIP A4 CITY-ST-ZIP	TITLE				L DEFELE	4.1 TITE	£	}		• •	₹		Chan	ı g e	■ Addition
CITY-ST-ZIP 4.4 DITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS </th <th>NAME</th> <th></th> <th></th> <th></th> <th></th> <th>4. 2 NAI</th> <th>ME</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	NAME					4. 2 NAI	ME								
TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME FACTLY-ST-ZIP CITY-ST-ZIP CHANGE Addition NAME DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP CHANGE CHANGE	STREET ADDRESS					4.3 STR	EET A	ADDRESS							1
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME * STREET ADDRESS 6.3 STREET ADDRESS * CITY-ST-ZIP 6.4 CITY-ST-ZIP	CITY-ST-ZIP					4.4 C(T)	/- ST	- ZIP							
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME * STREET ADDRESS 6.3 STREET ADDRESS * CITY-ST-ZIP 6.4 CITY-ST-ZIP	TITLE				DEL e te	51 THL	E						Chan	ige	Addition
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME * * STREET ADDRESS 6.3 STREET ADDRESS * * CITY-ST-ZIP 6.4 CITY-ST-ZIP * *	NAME					5.2 NAN	1E								
TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME • STREET ADDRESS 6.3 STREET ADDRESS • CITY-ST-ZIP 6.4 CITY-ST-ZIP	STREET ADDRESS	•				5.3 STR	EET #	ADDRESS							
TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME • STREET ADDRESS 6.3 STREET ADDRESS • CITY-ST-ZIP 6.4 CITY-ST-ZIP	CITY-ST-ZIP					5.4 CITY	r-ST	-ZIP							ſ
STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP					DELETE		_				· 	•	Chan	ige	Addition
STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME					6.2 NAN	AE.	1							
CITY-ST-ZIP 6.4 CITY-ST-ZIP	: 1							ADDRESS							.
		ertify that th	e information supplied	with this file	ng does not qualify				d in Seci	tion	119.07(3)(i), Florida Statutes	s. I further cer	tify that	the i	nformation

of any annual report of suppremental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a officer or director of the corporation or the receiver or fusiee 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.

SMATURE Thomas Ochon Date on