

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90058 014 \*\*\*150.00

UNCLAS

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000020500**

1. Corporation Name  
**H.W. PATTERSON, INC.**

Principal Place of Business  
**812 EASTLAKE CLUB DRIVE  
 OLDSMAR FL 34677**

Mailing Address  
**812 EASTLAKE CLUB DRIVE  
 OLDSMAR FL 34677**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/02/1998**

2. Principal Place of Business  
 21 **12505 SPARKLEBERRY Rd.**  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 **12505 SPARKLEBERRY Rd**  
 Suite, Apt. #, etc.

4. FEI Number  
**59-3501375**

Applied For  
 Not Applicable

22 **TAMPA FL**  
 City & State  
 23 **33624 Hills.**  
 Zip Country

27 **TAMPA FL**  
 City & State  
 28 **33624 Hills.**  
 Zip Country

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 owes the current year Intangible Personal Property Tax.  Yes  No

24  25  29  30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALBRECHT, GERALD T ESQ.  
 BUTLER, BURNETTE & PAPPAS  
 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 1100  
 TAMPA FL 33607-8946**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATTERSON, HOWARD</b>	1.2 NAME	<b>PATTERSON, HOWARD</b>
STREET ADDRESS	<b>812 EASTLAKE CLUB DRIVE</b>	1.3 STREET ADDRESS	<b>12505 SPARKLEBERRY ROAD</b>
CITY-ST-ZIP	<b>OLDSMAR FL 34677</b>	1.4 CITY-ST-ZIP	<b>TAMPA FL 33626</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATTERSON, PAM</b>	2.2 NAME	<b>PATTERSON, PAM</b>
STREET ADDRESS	<b>812 EASTLAKE CLUB DRIVE</b>	2.3 STREET ADDRESS	<b>12505 SPARKLEBERRY ROAD</b>
CITY-ST-ZIP	<b>OLDSMAR FL 34677</b>	2.4 CITY-ST-ZIP	<b>TAMPA FL 33626</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: Howard W. Patterson 2-12-99 813-814-1292  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)