PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9800034208

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90148 010 ***150.00

PAT GOLDEN ENTERPRISE, INC.						j.			{ [[] []]		
Principal Place	of Business	Mailing Address				-	1 50 /1 50 110 1210 1 5 / 05 60 60				
4691 VAN HORN ROAD 4691 VAN HORN ROAD MILTON FL 32583 MILTON FL 32583				;			DO NOT WRITE II	THIC CDAC⊏			
								1 INIS SPACE			
							 Date Incorporated or Qualifed 04/15/1998 		_		
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number		Applie	d For	
21		26				l	<u>59-3503823</u>			pplicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							5. Certifcate of Status Desired	7	5 Add Requi		
City & State City & State							6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip							8. This corporation owes the current year Intangible				
24		Country Zip Cou			Personal Property Tax.			Yes	X	No	
241	9. Name and Address of Curren		1501	f ·			10. Name and Address of New Regis	stered Agent			
				81	Name						
	DEN, PATRICIA M			82	Street A	Addres	s (P.O. Box Number is Not Acceptable)	<u>-</u>			
4691 VAN HORN ROAD MILTON FL 32583											
LART I	UN FL 32303			83							
					City			FL 85	Zip Cod	le	
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with, and accept the obliga	of Florida, Such change was a	HITOOTIZAC	ı nv	the como	corpor oration	ation submits this statement for the purp 's board of directors. I hereby accept the	ose of changing appointment a	g its reg is regist	pstered	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered	Agen	t signature re	equired v		DATE			
12.		ID DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICE				
TITLE	D DELETE			1.1 TITLE				☐ Chai	ige	Addition	
NAME	GOLDEN, PATRICIA M			1.2 NAME						Į.	
STREET ADDRESS	4691 VAN HORN ROAD		1.3 STREET ADORESS								
CITY-ST-ZIP	(**)			CITY-ST-ZIP					Addition		
TITLE	<u> </u>			NAME Golden Tammy ISTREET ADDRESS 1106 E. De Soto Street				-5*			
NAME	GOLDEN, WARMING			2.3 STREET ADDRESS 110			GE Nosta Street			ł	
STREET ADDRESS				2.4 CITY-ST-ZIP			socol FL 32501			ļ	
CITY-ST-ZIP			_	3.1 TITLE		7617	STORY I D GOOT	Cha	nge .	Addition	
NAME			3.2 N/	ME.			و سیمی میرد	ه ۽ پيون	•		
STREET ADDRESS	مسخمت		3.3 \$1	REET	ADDRESS						
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP						
TITLE		☐ DELETE	4.1 TT	TLE				Cha	nge	Addition \	
NAME			4. 2 N	AME						[
STREET ADDRESS			4.3 S1	TREET	T ADDRESS					Ì	
CITY-ST-ZIP			4.4 CI	TY-S	T-ZIP		 -			T A Live	
TITLE		☐ DELETE	5.1 TI					☐ Cha	nge	Addition	
NAME			5.2 N/							ł	
STREET ADDRESS					TADDRESS]	
CITY-\$T-ZIP		☐ DELETE	5.4 CI 6.1 TT		1-214	-		Cha	nge	Addition	
TITLE			6.2 N/		İ	ĺ			-ge		
NAME					TADDRESS					Į	
STREET ADDRESS			0.3 8	INCE	I YUUNESS					1	

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

SNATURE AND TYPEDOR PRINTED NAME OF SIGNING DEFICER OF DIRECTOR

4599

(850)435-3063

(2E034 (11/98)