

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000084345 1. Corporation Name

PATTY'S PARTIES, INC.

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90092 016 ***163.75



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|---|---|---------------|-----------------------|--------------------|--------|--------------------|---------------|------------------------------|---|----------------------------------|--|------------------------|
| Principal Place of Business Mailing Address | | | | | | | | 1106 | | #+11 89 111 98 181 | 10117 61000 14117 0 | 11841 6111 1461 |
| 6530 BIMINI COURT APOLLO BEACH FL 33572 6530 BIMINI COURT APOLLO BEACH FL 33572 | | | | | | | | | | | | |
| | | | | | | | | | DO NOT WR | | SPACE | |
| | | | | | | | | 09/30/ | | | | |
| 2. Principal Pl | ace of Business | 2a. | Mailing Address | | | | | 4. FEI Num | | | Apr | olied For |
| 21 | | 26 | | | | | | <u>59-3</u> | <u>55</u> 0977 | | Not | Applicable |
| Suite, Apt. | #, etc. | 27 | Suite, Apt. #, etc. | | | | | 5. Certifcate | of Status Desired | X | \$8.75 A Fee Rec | |
| City & State | 9 | 28 | City & State | _ | | | | | Campaign Financing | | \$5.00 i | |
| 23 Zin | Country | 26) | Zip | Cou | intry | | -+ | | oration owes the cur | rent veer Int | | 7 |
| Zip | | | | | | | | | Property Tax. | ion you in | | X ÎNo |
| 24 | 25 25 Name and Address of Curren | 29 | tored Agent | 30 | Γ | | | | nd Address of New | Registered | | |
| | 9. Name and Address of Current | t Regis | rea whear | _ | 81 | Name | | U. Hamo ur | | | | |
| WOO | D, PATRICIA | | | | | | | | | | | |
| 6530 BIMINI COURT | | | | | 82 | Street | Address | (P.O. Box N | lumber is Not Accept | able) | | |
| APOLLO BEACH FL 33572 | | | | | 00 | | | | | | | |
| AFO | LEO BEAGITTE 33372 | | | | 83 | | | | | | | |
| | · | | | | 84 | City | | | | FL | 85 Zip C | ode |
| office or re | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga | of Florid | la. Such change was a | uthorized | עם נ | the corpo | corporation's | ion submits board of dire | this statement for the ectors. I hereby acce | purpose of pt the appoi | changing its on the changing its of the changing its order in the change in the change its order in the changing its order | registered gistered |
| SIGNATURE | Signature, typed or printed name of registered ager | d and title i | f applicable (NOTE | - Registered | Agen | t signature n | required who | en reinstating) | | DATE | | _ |
| 12. | OFFICERS AN | | , , | 13. | 7.901 | it tagi intali o i | Tuquinu III | | IS/CHANGES TO O | FICERS AN | ID DIRECTO | RS IN 12 |
| TITLE | D, President | | | | | | | | Vice Presi | | ☐ Change | Addition |
| NAME | WOOD, PATRICIA | | | 1.2 N | AME | | Gres | gory A. | Wood | | | |
| STREET ADDRESS | 6530 BIMINI COURT | | | 1.3 \$ | REET | ADDRESS | | | i Court | | | - |
| CITY-ST-ZIP | APOLLO BEACH FL 33572 | | | 1.4 CI | TY-\$1 | r-zip | | | ch,_FL_3357 | 72 | | |
| TITLE | | | ☐ DELETE | 2.1 TI | TLE | | 1 | • | | | ☐ Change | Addition |
| NAME | | | 2.2 N | 2.2 NAME | | | | | | | ĺ | |
| STREET ADDRESS | • | | 2.3 \$ | 2.3 STREET ADDRESS | | | | | | | ļ | |
| CITY-ST-ZIP | | | 2.40 | 4 CITY-ST-ZIP | | | | | | | | |
| TITLE | | | ☐ DELETE | 3.1 TI | TLE | | | • | | | ☐ Change | - Addition |
| NAME · | 321 | | 3.2 NAME | | | | | | | | | |
| STREET ADDRESS | 3.3 | | 3.3 S | 3.3 STREET ADDRESS | | ;) | | | | | ì | |
| CITY-ST-ZIP | | | | 3.4. C | ITY-S | T-ZIP | | | | | | |
| TITLE | | ··· | ☐ DELETE | 4.1 TI | ₹LE | | | | | | ☐ Change | Addition |
| NAME | | | | 4.2 N | IAME: | | | | | | | |
| STREET ADDRESS | | | | 4.3 \$ | TREET | ADDRESS | : | | | | | ļ |
| CITY-ST-ZIP | | | | 4.4 C | TY-S | T-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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

DELETE

2/1/99

(813) 641-0904

☐ Addition

Addition

Daytime Phone #

Change

Change