FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 12:19

DOCUMENT # **S50754** **(8)**

1. Corporation Name
PATRIOT MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
1609 E. VINE ST. SUITE B KISSIMMEE FL 34744-3721 US	1609 E. VINE ST. SUITE B KISSIMMEE FL 34744-3721 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

4. FEI Number: 59-3079319 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23):
City & State (28):

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24): Country (25):
Zip (29): Country (30):

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DUSOLD, PHILIP
227 MISSOURI AVE.
ST. CLOUD FL 34769

10. Name and Address of New Registered Agent

81 Name: DUSOLD, JOYCE A.
82 Street Address (P.O. Box Number is Not Acceptable): 227 MISSOURI AVE
83:
84 City: ST.CLOUD FL 85 Zip Code: 34769

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: Joyce A Dusold DATE
Signature of new or former 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	PS	11 TITLE	VP	☒ Change ☐ Addition
NAME	DUSOLD, DANIEL	12 NAME	DUSOLD,DANIEL	
STREET ADDRESS	227 MISSOURI AVE.	13 STREET ADDRESS	130 ALDERWOOD DR	
CITY ST ZIP	ST. CLOUD FL	14 CITY-ST-ZIP	KISSMMEE,FL 34743	
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	JHURILLAL, TRYONE P	22 NAME		
STREET ADDRESS	2462 ALBANY DR.	23 STREET ADDRESS		
CITY ST ZIP	KISSIMMEE FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	DUSOLD, DANIEL	32 NAME		X
STREET ADDRESS	227 MISSOURI AVE.	33 STREET ADDRESS	130 ALDERWOOD DR	
CITY ST ZIP	ST. CLOUD FL	34 CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	T	41 TITLE	PST	☒ Change ☐ Addition
NAME	DUSOLD, JOYCE	42 NAME	DUSOLD,JOYCE A	
STREET ADDRESS	227 MISSOURI AVE.	43 STREET ADDRESS	227 MISSOURI AVE	
CITY ST ZIP	ST. CLOUD FL	44 CITY-ST-ZIP	ST.CLOUD FL 34769	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Joyce A Dusold JOYCE A DUSOLD PST 3/7/95 407 932 1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0378200 CP