

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S50754 (8)

1. Corporation Name

PATRIOT MANAGEMENT SERVICES, INC.



Principal Place of Business

1609 E VINE ST.
SUITE B
KISSIMMEE FL 34744-3721
US

Mailing Address

1609 E VINE ST.
SUITE X
KISSIMMEE FL 34744-3721
US

2. Principal Place of Business

21 630 E VINE ST

Suite, Apt. #, etc.

2a. Mailing Address

26 630 E VINE ST

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

05/06/1991

3a. Date of Last Report

03/28/1995

4. FEI Number

59-3079319

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

23 City & State

23 KISSIMMEE FL

28 City & State

28 KISSIMMEE FL

24 Zip

24 34744-4291

Country USA

25

25 05606

29 Zip

29 34744-4291

Country USA

30 34744-4291

9. Name and Address of Current Registered Agent

DUSOLD, JOYCE A
227 MISSOURI AVE.
ST. CLOUD FL 34769

10. Name and Address of New Registered Agent

81 Name

DANIEL S. DUSOLD

82 Street Address (P.O. Box Number is Not Acceptable)

116 ROSEWOOD CT

83

84 City

KISSIMMEE

FL

85 Zip Code

34744

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

DANIEL S. DUSOLD

X Daniel S. Dusold

3/1/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☒ DELETE

NAME DUSOLD, DANIEL
STREET ADDRESS 130 ALDERWOOD DR
CITY-STATE-ZIP KISSIMMEE FL

TITLE VP ☒ DELETE

NAME JHURILLAL, TRYONE P
STREET ADDRESS 2462 ALBANY DR.
CITY-STATE-ZIP KISSIMMEE FL

TITLE D ☒ DELETE

NAME DUSOLD, DANIEL
STREET ADDRESS 130 ALDERWOOD DR
CITY-STATE-ZIP KISSIMMEE FL

TITLE PST ☒ DELETE

NAME DUSOLD, JOYCE
STREET ADDRESS 227 MISSOURI AVE.
CITY-STATE-ZIP ST. CLOUD FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.S.M/D ☒ Change ☐ Addition

1.2 NAME DUSOLD JOYCE A.
1.3 STREET ADDRESS 227 MISSOURI AVE
1.4 CITY-STATE-ZIP ST. CLOUD, FL 34769

2.1 TITLE T-AIS ☐ Change ☒ Addition

2.2 NAME DUSOLD DAWN M
2.3 STREET ADDRESS 817 JERSEY AVE
2.4 CITY-STATE-ZIP ST. CLOUD, FL 34769

3.1 TITLE VP-D ☐ Change ☒ Addition

3.2 NAME DUSOLD DIANE DENAISE/
3.3 STREET ADDRESS 116 ROSEWOOD CT
3.4 CITY-STATE-ZIP KISSIMMEE, FL 34744

4.1 TITLE VP/D ☒ Change ☐ Addition

4.2 NAME DUSOLD DANIEL S
4.3 STREET ADDRESS 116 ROSEWOOD CT
4.4 CITY-STATE-ZIP KISSIMMEE, FL 34744

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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: X

Joyce A. Dusold Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96 407-932/001

Date Daytime Phone

CR2E034 (12/95)