Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90093 024 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$50754

 Corporation 	Name											
PATRIOT	MANAGEMENT SERVICES	, INC	•									
	•							.				
							_					
Principal Place of Business Mailing Address							1					
630 E VINE ST												
KISSIMMEE FL 34744-4291 KISSIMMEE FL 34744-4291 US US								DO NOT WRITE IN THIS SPACE				
00	-	0.					3	3. Date Incorporated or Qualifed				
							- }	05/06/1991			}	
2. Principal Pl	ace of Business	2a	. Mailing Address				4	4. FEI Number		App	lied For	
21		26						<u>59-3079319</u>			Applicable	
Suite, Apt.	#, etc.	Έ,	Suite, Apt. #, etc.				İs	5. Certificate of Status Desired			Iditional	
27				<u> </u>						e Req	———	
City & State) 	28	City & State	Ť			6	6. Election Campaign Financing Trust Fund Contribution		OO M	lay Be Fees	
Zip	Country		Zip	Counti	y		8	This corporation owes the current year In		_	_	
24	25	29	3	0				Personal Property Tax.	Yes	L	No	
9. Name and Address of Current Registered Agent					<u> </u>	Nama	10	0. Name and Address of New Registered	Agent			
DUG	OLD, DAWN M			8	'	Name						
817 JERSEY AVE				8	2	Street Add	dress ((P.O. Box Number is Not Acceptable)				
ST. CLOUD FL 34769				8	+							
0 \	22005 12 0 11 00			"	1							
				8	4	City		F	85	Zip Co	ode	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the					Ve-	named co	rnorati	ion submits this statement for the numose (of changin	a its re	egistered	
office or re	enistered agent, or both, in the State (of Flori	da. Such change was auti	nonzed b	v u	ne corpora	tion's t	board of directors. I hereby accept the app	ointment a	s regi	stered	
agent. I ar	m familiar with, and accept the obligat	ions o	r, Section 607.0505, Florio	a Statute	:5.						İ	
SIGNATURE	Signature, typed or printed name of registered agen	t and title	if applicable. (NOTE: R	egistered Ag	ent s	signature requi	ired wher	on reinstating) DATE				
12.	OFFICERS AN	D DIR	CTORS	13.	_			ADDITIONS/CHANGES TO OFFICERS A				
TITLE	TAS		☐ DELETE	1.1 TITLE					Cha	nge	☐ Addition	
NAME	DUSOLD, DAWN M.			1.2 NAME		Ĭ						
STREET ADDRESS	817 JERSEY AVE			1.3 STRE	ETA	NDORESS .					\$	
CITY-ST-ZIP	ST CLOUD FL		- Constant	1.4 CITY-					Cha	000	Addition	
TITLE	P DIAGO P DIAME		DELETE	2.1 TITLE		10	KES	IDENT		iige	Modifier	
NAME	DUSOLD, DIANE			2.2 NAME		<u> </u>	S OY(CE DUSOLD AVE				
STREET ADDRESS	116 ROSEWOOD CT KISSIMMEE FL			ł.		ADDRESS (397	CLOUD FL 34769			ļ	
CITY-ST-ZIP	KISSIMMEE FL		☐ DELETE	2. 4 CITY 3.1 TITLE		-ZIP :	<u>≯1</u>	COOD TO JUICI	☐ Cha	nge	Addition	
TITLE	1	5 ·		3.2 NAM2		· ·	•	The second secon			_	
NAME STREET ADDRESS	, - -			3.3 STRE		ADDRESS					\	
CITY-ST-ZIP				3.4. CITY							Į	
TITLE			☐ DELETE	4.1 TITLE					☐ Cha	inge	☐ Addition	
NAME				4. 2 NAM	Ε							
STREET ADDRESS				4.3 STRE	EΤΑ	ADORESS						
CITY-ST-ZIP				4.4 CITY-	ST-	ZIP						
TITLE			☐ DELETE	5.1 TITLE	:				Cha	inge	☐ Addition	
NAME				5.2 NAME							ļ	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				5.4 CITY-		ZIP					T A visited	
TITLE	•		☐ DELETE	6.1 TITLE		-			☐ Cha	ınge	Addition	
NAME	•			6.2 NAM	E							

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP