

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V26255** (2)

1. Corporation Name

PATTERSON & GREEN, P.A.



Principal Place of Business

**3010 SO. THIRD ST.
SUITE A
JACKSONVILLE BEACH FL 32250**

Mailing Address

**3010 SO. THIRD ST.
SUITE A
JACKSONVILLE BEACH FL 32250**

3. Date Incorporated or Qualified
04/03/1992

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATTERSON, LAWRENCE R.
3010 SO. THIRD STREET
SUITE A
JACKSONVILLE BEACH FL 32250**

81

Name

82

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

83

84

City

FL

85 Zip Code

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

Signature of Registered Agent or Director (Print Name and Title)

Signature of Registered Agent or Director (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE

NAME **PATTERSON, LAWRENCE R.**
STREET ADDRESS **3010 SO. THIRD ST.**
CITY-ST-ZIP **JACKSONVILLE BCH FL**

TITLE **DST** ☐ DELETE

NAME **GREEN, SUZANNE WORRALL**
STREET ADDRESS **3010 SO. THIRD ST.**
CITY-ST-ZIP **JACKSONVILLE BCH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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-04/21/96--01003--020
*****200.00**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96

904-247-1770

CR2E034 (12/95)