

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V37482 (9)

1. Corporation Name

PATTERSON & ASSOCIATES, INC.



Principal Place of Business

**650 APPLETON PLACE
OVIEDO FL 32765**

Mailing Address

**650 APPLETON PLACE
OVIEDO FL 32765**

2. Principal Place of Business

21 4250 Alafaya Trail

Suite, Apt. #, etc.

22 Suite 124

City & State

23 Oviedo FL

Zip

24 32765

Country

25 Seminole

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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3. Date Incorporated or Qualified

05/18/1992

3a. Date of Last Report

04/18/1995

4. FEI Number

59-3127166

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**PATTERSON, NEIL A.
650 APPLETON PLACE
OVIEDO FL 32765**

10. Name and Address of New Registered Agent

**81 Name Milana L. Patterson
82 Street Address (P.O. Box Number is Not Acceptable) 650 APPLETON PLACE
83 Oviedo
84 City Oviedo FL 85 Zip Code 32765**

11. Pursuant to the provisions of Sections 607.0532 and 607.1506, 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

Milana L. Patterson

Milana L. Patterson, President

4/30/96

Signature of officer or director of corporation (signatures must be typed and dated)

Signature of Registered Agent (signature required after incorporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **PATTERSON, NEIL A.**
STREET ADDRESS **650 APPLETON PLACE**
CITY-ST-ZIP **OVIEDO FL**

TITLE **D** ☐ DELETE
NAME **PATTERSON, MILANA L.**
STREET ADDRESS **650 APPLETON PLACE**
CITY-ST-ZIP **OVIEDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Milana L. Patterson *Milana L. Patterson*

4/30/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (12/95)