SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/A/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $278)

PROFIT 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 JUL 18 AM 8:29

DOCUMENT # V50866 (5)

1. Corporation Name
PATRON MANUFACTURING, INC.

Principal Place of Business	Mailing Address
~~2909 APALACHEE PKWY.~~ ~~TALLAHASSEE FL 32301~~	~~2909 APALACHEE PKWY.~~ ~~TALLAHASSEE FL 32301~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/15/1992
3a. Date of Last Report: 09/27/1994

2. Principal Place of Business
21: 3305 CAPITAL CIRCLE, N.E.
22 Suite, Apt. #, etc.: #105
23 City & State: TALLAHASSEE, FLORIDA
24 Zip: 32308
25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.: SAME
28 City & State
29 Zip
30 Country

4. FEI Number: 59-3135539 ☐ 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

DORSCH, PATRICK L
1201 BONNIE DR.
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

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 Section 607.0502 and 607.1509, 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] DATE: 7/9/95
Signature, typed or printed name of 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	PC	1.1 TITLE	☐ Change ☐ Addition
NAME	GILMORE-DORSCH, SHARON	1.2 NAME	
STREET ADDRESS	2007 GRAY BIRCH WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	DORSCH 11, JAMES R	2.2 NAME	
STREET ADDRESS	2007 GRAY BIRCH WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE GL 32308	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT-DORSCH, LAURA	3.2 NAME	
STREET ADDRESS	1201 BONNIE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32304	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DORSCH, PATRICK L	4.2 NAME	
STREET ADDRESS	1201 BONNIE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32304	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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 added to the attachment with an address.

SIGNATURE: [signature] Patrick L. Dorsch 7/9/95 (904) 422-1883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004707 CP