

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 # **V50866** (5)

1. Corporation Name

PATRON MANUFACTURING, INC.



Principal Place of Business

**3305 CAPITAL CIRCLE NE
STE 105
TALLAHASSEE FL 32308
US**

Mailing Address

**3305 CAPITAL CIRCLE NE
STE 105
TALLAHASSEE FL 32308
US**

3. Date Incorporated or Qualified
07/15/1992

3a. Date of Last Report
07/18/1995

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip Country

24. 25.

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip Country

29. 30.

4. FFI 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

10. Name and Address of New Registered Agent

**DORSCH, PATRICK L
1201 BONNIE DR.
TALLAHASSEE FL 32304**

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 607.1506, 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

Signature, typed or printed name of registered agent or new registered agent

Signature, typed or printed name of registered agent or new registered agent

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PC**
STREET ADDRESS **GILMORE-DORSCH, SHARON**
CITY-STATE-ZIP **2007 GRAY BIRCH WAY
TALLAHASSEE FL 32308**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **DORSCH 11, JAMES R**
CITY-STATE-ZIP **2007 GRAY BIRCH WAY
TALLAHASSEE FL 32308**

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **SCOTT-DORSCH, LAURA**
CITY-STATE-ZIP **1201 BONNIE DR.
TALLAHASSEE FL 32304**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DORSCH, PATRICK L**
CITY-STATE-ZIP **1201 BONNIE DR.
TALLAHASSEE FL 32304**

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. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. 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)(4) 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; that I am the registered agent or a trusted or 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 the attached form with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/96

422-1883

CR2E034 (12/95)