

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

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**95 MAY -1 PM 1:11**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Barbara B. Mathison  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V72889** (1)  
1. Corporation Name  
**SANIBEL POTTERY, INC.**

Principal Office of Business: **1544 PERIWINKLE WAY SANIBEL FL 33957**  
Mailing Address: **1544 PERIWINKLE WAY SANIBEL FL 33957**

DO NOT WRITE IN THIS SPACE

2. Date of Incorporation or Qualified		3a. Date of Last Report	
10/21/1992		05/01/1994	
4. FFI Number		Applied For / Not Applicable	
65-0362047			
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing / Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for charitable tax under S. 199-037. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

21. Principal Office of Business		2a. Mailing Address	
22. State Apt. # etc.		27. State Apt. # etc.	
23. City & State		28. City & State	
24. ZIP	25. COUNTRY	29. ZIP	30. COUNTRY

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
<b>HOGGATT, DAVID L. 972 FITZHUGH ST. SANIBEL FL 33957</b>		B1. Name			
		B2. Street Address (P.O. Box Number is Not Acceptable)			
		B3.			
		B4. City	FL	B5. Zip Code	

11. Pursuant to the provisions of Sections 607.01(1) and 607.1908, 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 Sections 607.01(1) and 607.1908, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGGATT, DAVID L.	12. NAME	
STREET ADDRESS	972 FITZHUGH ST.	13. STREET ADDRESS	1555 Bunting LN
CITY & STATE	SANIBEL FL	14. CITY & STATE	
TITLE	D	15. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGGATT, BARBARA E.	16. NAME	
STREET ADDRESS	972 FITZHUGH ST.	17. STREET ADDRESS	1555 Bunting LN.
CITY & STATE	SANIBEL FL	18. CITY & STATE	
TITLE		19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		20. NAME	
STREET ADDRESS		21. STREET ADDRESS	
CITY & STATE		22. CITY & STATE	
TITLE		23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24. NAME	
STREET ADDRESS		25. STREET ADDRESS	
CITY & STATE		26. CITY & STATE	
TITLE		27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28. NAME	
STREET ADDRESS		29. STREET ADDRESS	
CITY & STATE		30. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(1)(b), 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 cause this report to be prepared by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 or 14, if changed, or on an affidavit filed with this report.

SIGNATURE: *Barbara E. Hoggatt* 4-29-95 (813) 412-4330  
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR