SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 5/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 11 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **304914** **(5)**

1. Corporation Name
LUKE POTTER DODGE, INC.

Principal Place of Business	Mailing Address
1050 NORTH ORLANDO AVENUE WINTER PARK FL 32789	1050 NORTH ORLANDO AVENUE WINTER PARK FL 32789 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/09/1966**
3a. Date of Last Report: **03/29/1994**

2. Principal Place of Business
21 1127 North Orlando Av.
22 Suite, Apt. #, etc.
23 City & State: Winter Park, FL. 32789
24 Zip: 32789
25 County: USA Orange Cty.

2a. Mailing Address
26 1127 North Orlando Av.
27 Suite, Apt. #, etc.
28 City & State: Winter Park, FL. 32789
29 Zip: 32789
30 Country: USA Orange Cty.

4. FEI Number: **59-1149666** ☐ 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

POTTER, MICHAEL L
6380 BRENDA DR
APOPKA FL 32703

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 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 _____ DATE
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	~~V~~	1.1 TITLE	President	☐ Change ☐ Addition
NAME	POTTER, JIMMIE D	1.2 NAME	Michael L. Potter	
STREET ADDRESS	746 PREBLE AVE	1.3 STREET ADDRESS	6380 Brenda Dr.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	Apopka, FL 32703	
TITLE	~~ST~~	2.1 TITLE	Vice President	☑ Change ☐ Addition
NAME	BOLTZ, CAROLYN J	2.2 NAME	Craig N. Schroth	
STREET ADDRESS	2705 BONNEVILLE DR	2.3 STREET ADDRESS	5635 Catskill Ct.	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	~~Winter Springs, FL 32708~~	
TITLE	P	3.1 TITLE	Sec/TR	☑ Change ☐ Addition
NAME	POTTER, MICHAEL L	3.2 NAME	Luther D. Potter	
STREET ADDRESS	6380 BRENDA DR.	3.3 STREET ADDRESS	224 Live oak Lane	
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	~~Altamonte Springs, FL 32714~~	
TITLE	D	4.1 TITLE	D.	☑ Change ☐ Addition
NAME	PEMBERTON, SARAH E	4.2 NAME	Sarah E. Pemberton	
STREET ADDRESS	830 12TH AVE	4.3 STREET ADDRESS	830 12th Av.	
CITY-ST-ZIP	NEW SMYRNA BCH FL	4.4 CITY-ST-ZIP	New Smyrna Beach, FL	
TITLE	~~D~~	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHROTH, CRAIG	5.2 NAME		
STREET ADDRESS	5635 CATSKILL CTT	5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL	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 on an attachment with an address.

SIGNATURE: Craig Schroth V.P 7-7-95 (407)644-5177
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #
CRAIG N. SCHROTH

000880 CP