FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 APR -6 AM 9:39

DOCUMENT # **342969** **(3)**

1. Corporation Name
VIRGINIA CITY, INC.

Principal Place of Business	Mailing Address
5645 NEBRASKA AVENUE NEW PORT RICHEY FL 34652-2694	5645 NEBRASKA AVENUE NEW PORT RICHEY FL 34652-2694 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/14/1969**
3a. Date of Last Report: **01/27/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-1304120** ☐ 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, FRANK W.
7210 JASMINE DR
NEW PORT RICHEY FL 34652-8330

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	PD	11 TITLE	☐ Change ☐ Addition
NAME	POTTER, FRANK	12 NAME	
STREET ADDRESS	7210 JASMINE DR	13 STREET ADDRESS	
CITY-ST-ZIP	NEW PT RICHEY, FL 00000	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	PERSYN, MARY L.	22 NAME	
STREET ADDRESS	9535 LAKEVIEW DR	23 STREET ADDRESS	
CITY-ST-ZIP	NEW PT RICHEY, FL 00000	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, ANNIE	32 NAME	
STREET ADDRESS	6137 MAPLEWOOD DR	33 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	ALLGOOD, SAM Y	42 NAME	
STREET ADDRESS	5645 NEBRASKA AVE	43 STREET ADDRESS	
CITY-ST-ZIP	NEW PT RICHEY, FL 00000	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	POTTER, JUDSON F.	52 NAME	
STREET ADDRESS	6319 CONNIEWOOD SQUARE	53 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Frank Potter **3-30-95** **(813) 848-2593**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Frank W. Potter, President

0343943 CP