

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90156 030 ***150.00

0501347

DOCUMENT # 342969

1. Corporation Name
VIRGINIA CITY, INC.

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

Mailing Address
5645 NEBRASKA AVENUE
NEW PORT RICHEY FL 34652-2694
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1969

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

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
Judson F. Potter
82 Street Address (R.O. Box Number is Not Acceptable)
5914 Wyoming Ave.
83
84 City
New Port Richey FL 85 Zip Code
34652

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	POTTER, FRANK	
STREET ADDRESS	7210 JASMINE DR	
CITY-ST-ZIP	NEW PT RICHEY, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PERSYN, MARY L.	
STREET ADDRESS	9535 LAKEVIEW DR	
CITY-ST-ZIP	NEW PT RICHEY, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JULIAN, ANNE	
STREET ADDRESS	6137 MAPLEWOOD DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ALLGOOD, SAM Y	
STREET ADDRESS	5645 NEBRASKA AVE	
CITY-ST-ZIP	NEW PT RICHEY, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POTTER, JUDSON F.	
STREET ADDRESS	5914 WYOMING AVE.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Judson F. Potter Judson F. Potter - Vice President 1-11-99 (813) 845-1530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)