

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 415426

(6)

1. Corporation Name

POTTER ENTERPRISES, INC.



Principal Place of Business

Mailing Address

17100 SW 184TH ST
MIAMI FL 33187

17100 SW 184TH ST
MIAMI FL 33187

3. Date Incorporated or Qualified

12/27/1972

3a. Date of Last Report

08/03/1995

2. Principal Place of Business

21 8437 S.W. 18 AVE.

2a. Mailing Address

26 8437 S.W. 18 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 STUART, FLA.

City & State

28 STUART, FLA.

Zip

24 34997

Country

25 U.S.

Zip

29 34997

Country

30 U.S.

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

DAVIS, JR. THOMAS J.
6075 SUNSET DR.
SOUTH MIAMI FL

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

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

(If 301. Registered Agent signature required when filing)

Date

12. OFFICERS AND DIRECTORS

TITLE PD
NAME POTTER, ORRIN T.
STREET ADDRESS 17150 SW 184TH ST
CITY - ST - ZIP MIAMI FL

☐ DELETE

TITLE SD
NAME POTTER, CLARENCE E.
STREET ADDRESS 17050 SW 184TH ST
CITY - ST - ZIP MIAMI FL

☐ DELETE

TITLE VT
NAME POTTER, CLARENCE E.
STREET ADDRESS 17050 SW 184TH ST
CITY - ST - ZIP MIAMI FL

☐ DELETE

TITLE D
NAME POTTER, CHARLES E.
STREET ADDRESS 17050 SW 184TH ST
CITY - ST - ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ORRIN T. POTTER PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date of Filing

6-24-96 (700) 745-6694

CR2E034 (3/96)