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

29

PROFIT CORPORATION ANNUAL REPORT

1997

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 415426

9. Name and Address of Current Registered Agent

25

DAVIS, JR. THOMAS J. 6075 SUNSET DR.

SOUTH MIAMI FL

(6)

POTTER ENTERPRISES, INC.

Principal Place o	f Business	Mailing Address				
8437 SW 18 AVE STUART FL 34997 US		8437 SW 18 AVENUE STUART FL 34997-7902 US				
				3. Date Incorporated or Qualified 12/27/1972	3a. Dat	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		
21		26		59-1453451		
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		
Zip	Country	Zip	Country	8. This corporation has liability for i	ntangible to	

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81 Name

82

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FILED Jun 18 1997 8:00am Secretary of State



8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

Yes 🗌 No

of Last Report 7/1996

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

			Ł			i				
			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 (NOTE Registered Agent signature required when renetating) DATE										
12.	OFFICERS AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	?				
TITLE	PD	DELETE	1.1 THILE		Change A	ddition				
NAME	POTTER,ORRIN T.		1.2 NAME	'		}				
STREET ADDRESS	17150 SW 184TH ST		1,3 STREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	1 - ZIP						
TETLE	\$0	DELETE	2 1 1HLE		☐ Change ☐ Ad	ddition				
NAME	POTTER,CLARENCE E.		2.2 NAME			Į				
STREET ADDRESS	17050 SW 184TH ST		2.3 STREET	ADDRESS		İ				
CITY-ST-ZIP_	MIAMI FL		2. 4 CHY-5	S1 - ZIP						
TITLE	VT	☐ DELETE	3 1 TITLE		. Change Ac	ddition				
NAME	POTTER, CLARENCE E.		3.2 NAME	:						
STREET ADDRESS	17050 SW 184TH ST		33 STHEET	ADDRESS						
CITY-ST-ZIP	MIAMI FL		3.4. CrTY-5	ST-ZIP						
TITLE	D	☐ DELETE	4.1 TITLE		Change Ad	ddilion				
NAME	POTTER, CHARLES E.		4. 2 NAME							
STREET ADDRESS	17050 SW 184TH ST		4.3 STREE1	ADDRESS		-				
CITY-ST-ZIP	MIAMI FL		4.4 CITY - S	1-2IP						
TALE		☐ DELETE	5.1 THLE		☐ Change ☐ Ac	ddition				
NAME			52 NAME							
STREET ADDRESS			5.3 STREET	ADDRESS						
CITY-ST-ZIP			5.4 CITY-S	T - 21P						
TITLE		☐ DELETE	6.1 TITLE	_	☐ Change ☐ Ac	ddition				
NAME			6.2 NAME			ŀ				
STREET ADDRESS			6.3 STREET	ADDRESS						
CITY-ST-ZIP			64 CITY-S							
14. I do here!	by certify that the information supplied with this i	filing does not qualify	for the exe	mption s	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	- 1				

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:

(706) 705-669 4