

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

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # G84188 (3)  
1. Corporation Name  
EAGLE POTTERY, INC.



Principal Place of Business Mailing Address  
% NED B. LYNN, JR.  
6920 POTTS ROAD  
RIVERVIEW FL 33569  
% NED B. LYNN, JR.  
6920 POTTS ROAD  
RIVERVIEW FL 33569-4655

3. Date Incorporated or Qualified 02/10/1984  
3a. Date of Last Report 03/21/1996

2. Principal Place of Business 2a. Mailing Address  
21 2515 N. 71<sup>ST</sup> STREET 26 2515 N. 71<sup>ST</sup> STREET  
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 59-2426756  
Applied For  
Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 TAMPA FLORIDA 28 TAMPA FLORIDA

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33619 25 HILLSBOROUGH 29 33619 30 HILLSBOROUGH

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LYNN, NED B. JR.  
6920 POTTS ROAD  
RIVERVIEW FL 33569

81 Name DANNY P. LYNN  
82 Street Address (P.O. Box Number is Not Acceptable)  
2515 N. 71<sup>ST</sup> STREET  
83  
84 City TAMPA FL 85 Zip Code 33619

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

*Danny Lynn*

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> DELETE
NAME	LYNN, DANNY	
STREET ADDRESS	6920 POTTS ROAD	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	PDS	<input checked="" type="checkbox"/> DELETE
NAME	LYNN, PATRICIA	
STREET ADDRESS	6920 POTTS ROAD	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	NASWORTHY, DARRYL	
STREET ADDRESS	6920 POTTS ROAD	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LYNN, DANNY	
1.3 STREET ADDRESS	7810 TIDEWATER TRAIL	
1.4 CITY-ST-ZIP	TPA FLORIDA 33619	
2.1 TITLE	V. PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LYNN, KIMBERLY	
2.3 STREET ADDRESS	7810 TIDEWATER TRAIL	
2.4 CITY-ST-ZIP	TAMPA FLORIDA 33619	
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 do 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.

DANNY LYNN

KIMBERLY LYNN

CR2E034 (9/96)