

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

FILED  
Mar 18 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H27785** (5)

1. Corporation Name  
**POTTS HOT DOGS, INC.**

Principal Place of Business <b>7149 COLUMBIA CIRCLE FT. MYERS FL 33908</b>	Mailing Address <b>7149 COLUMBIA CIRCLE FT. MYERS FL 33908-2235</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/29/1984</b>	3a. Date of Last Report <b>04/01/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2563286</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>POTTS, WILLIAM R. SR.</b> <b>7141 COLUMBIA CIRCLE</b> <b>FT. MYERS FL 33908</b>				81 Name	<b>MICHAEL A. POTTS</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>7141 COLUMBIA CIR</b>		
				83	<b>FORT MYERS FL</b>		
				84 City	<b>FL</b>	85 Zip Code	<b>33908</b>

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: *x Michael A Potts Pres.* DATE: **3/13/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>POTTS, MICHAEL A.</b>			1.2 NAME			
STREET ADDRESS	<b>7141 COLUMBIA CIR</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>FT. MYERS FL 33908</b>			1.4 CITY-ST-ZIP			
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>POTTS, JAMES R.</b>			2.2 NAME			
STREET ADDRESS	<b>826 LK MCGREGOR RD.</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>FT. MYERS FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>POTTS, WILLIAM R., JR</b>			3.2 NAME			
STREET ADDRESS	<b>18 WARREN COURT</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SPARTA NJ</b>			3.4 CITY-ST-ZIP			
TITLE	<b>VPS</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>POTTS, JEFFREY L.</b>			4.2 NAME			
STREET ADDRESS	<b>114 W. FAIRVIEW STREET</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>BETHLEHEM PA</b>			4.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>POTTS, EVELYN R.</b>			5.2 NAME			
STREET ADDRESS	<b>7149 COLUMBIA CIRCLE</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>FT. MYERS FL</b>			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: *x Michael A Potts Pres.* DATE: **3/18/97** PHONE: **941-466-7747**

CR2E034 (9/96)