

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90004 047 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # H27785**

1. Corporation Name

**POTTS HOT DOGS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**7149 COLUMBIA CIRCLE  
FT. MYERS FL 33908**

Mailing Address  
**7149 COLUMBIA CIRCLE  
FT. MYERS FL 33908**

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country  
**25**

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country  
**30**

3. Date Incorporated or Qualified  
**10/29/1984**

4. FEI Number  
**59-2563286**

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

9. Name and Address of Current Registered Agent

**POTTS, MICHAEL A  
7141 COLUMBIA CIRCLE  
FORT MYERS FL 33908**

10. Name and Address of New Registered Agent

81 Name **EVELYN POTTS**

82 Street Address (P.O. Box Number is Not Acceptable)  
**7149 COLUMBIA CIR**

83

84 City **FT MYERS** FL 85 Zip Code **33908**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/12/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" 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, WILLIAM R., JR</b>	2.2 NAME	
STREET ADDRESS	<b>18 WARREN COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPARTA NJ</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POTTS, JEFFREY L.</b>	3.2 NAME	
STREET ADDRESS	<b>114 W. FAIRVIEW STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BETHLEHEM PA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POTTS, EVELYN R.</b>	4.2 NAME	
STREET ADDRESS	<b>7149 COLUMBIA CIRCLE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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:

*Evelyn Potts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/12/99**

**(941) 482-5432**

CR2E034 (11/98)