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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Härris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90113 019 ***150.00

1999 DOCUMENT # J21058

> POTTER, ALAN W. SR. 905 NORTH STREET

JACKSONVILLE FL 32211

1. Corporation Name

Zip

24

ALAN W. POTTER, INC. Mailing Address Principal Place of Business 905 NORTH STREET 905 NORTH STREET JACKSONVILLE FL 32211-5793 JACKSONVILLE FL 32211-5793 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 City & State City & State_ 23 28

Zip

29

9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

Applied For

\$8.75 Additional

Fee Required

\$5:00 маў ве

Added to Fees

Not Applicable

Country			8. This corporation owes the current year Intangible								
30			Personal P	roperty Tax.	×	Yes	□No				
		10. Name and Address of New Registered Agent									
	81	Name									
	82	Street Address (P.O. Box Number is Not Acceptable)									
	83	-		··· -		·					
	84	City			Fì	85 Z	ip Code				

06/20/1986

59-2681752

5. Certifcate of Status Desired

6.-Election Campaign Financing Trust Fund Contribution

4. FEI Number

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 ap	Eaghla (NOTE: O	egisterad Agent signature re	quired when reinstating) DATI				
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE		☐ Change	Addition		
NAME	POTTER, ALAN W SR		1.2 NAME			l		
STREET ADDRESS	374 SECOND STREET		1.3 STREET ADDRESS			ĺ		
CITY-ST-ZIP	ATLANTIC BEACH FL		1.4 CITY-ST-ZIP					
TITLE	VICE PRESIDENT	DELETE	2.1 TITLE		☐ Change	Addition		
NAME	ENNISS, HOWARD A.		2.2 NAME					
STREET ADDRESS	1052 LEGAY AVENUE		2.3 STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL.		2.4 CITY-ST-ZIP					
TITLE	-5т	DELETE	3.1 TITLE -		XX Change	Addition.		
NAME	POTTER, ALAN W.JR		3.2 NAME					
STREET ADDRESS	14142 TOMAS POINT LANE		3.3 STREET ADDRESS	6101 HIGHWAY 81 NORTH				
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-Z/P	PELZER SC 29669				
TITLE		☐ DELETE	4.1 TITLE	* •	Change	☐ Addition		
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		Change	Addition		
NAME			5.2 NAME			l		
STREET ADDRESS			5.3 STREET ADDRESS			J		
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition		
NAME			6.2 NAME			}		
STREET ADDRESS			6.3 STREET ADDRESS			ļ		
CITY-ST-ZIP	of all all the second and all the second	- 	6.4 CITY-ST-ZIP	is Continue 140 07/20/0 Florida Statuta - 15 other				

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 informati 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 of the all other like empowered.

904-725-4522

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (ALAN W, POTTER SR

03/18/99

904-880-8795

Daytime Phone #