

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J49753 (3)

1. Corporation Name

POTTER, MCCLELLAND, MARKS & HEALY, P.A.

Principal Place of Business

700 S. BABCOCK STREET
SUITE 400
MELBOURNE FL 32901

Mailing Address

700 S. BABCOCK STREET
SUITE 400
MELBOURNE FL 32901

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 12 AM 9:00

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12/29/1986		01/20/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-2753960		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
				7. This corporation has liability for intangible tax under s. 193.032, Florida Statutes		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POTTER, WILLIAM C.
700 S. BABCOCK STREET
SUITE 400
MELBOURNE FL 32901

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POTTER, WILLIAM C.
STREET ADDRESS	3305 CALLE DEL MAR
CITY - ST - ZIP	MELBOURNE FL
TITLE	STD
NAME	MCCLELLAND, CLIFTON A.
STREET ADDRESS	5315 CRANE RD.
CITY - ST - ZIP	WEST MELBOURNE FL
TITLE	VD
NAME	MARKS, DOUGLAS D.
STREET ADDRESS	335 E. PARADISE BLVD.
CITY - ST - ZIP	INDIALANTIC FL
TITLE	DV
NAME	HEALY, PATRICK F.
STREET ADDRESS	2215 PINE MEADOWS DR.
CITY - ST - ZIP	W MELBOURNE FL
TITLE	V
NAME	MCCLELLAND, CLIFTON A.
STREET ADDRESS	5315 CRANE RD
CITY - ST - ZIP	WEST MELBOURNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 person by whom empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/95

407-984-2780

Daytime Phone #

CR2E034 (3/95)