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**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90132 049 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # J49753**

1. Corporation Name

POTTER, MCCLELLAND & 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1986

4. FEI Number

59-2753960

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

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 INDIAN LANTIC 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 ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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:

*Clifton A. McClelland, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CLIFTON A. McClelland, Jr. 4/23/99 (407) 984-2700

CR2E034 (1/98)