

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K39217

(0)

1. Corporation Name

POTSDAM INVESTMENT COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 3:08

Principal Place of Business

Mailing Address

% STEPHEN FRY
900 E. OCEAN BLVD. SUITE 120
STUART FL 34994

% STEPHEN FRY
900 E. OCEAN BLVD. SUITE 120
STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/14/1988

3a. Date of Last Report
01/25/1994

2. Principal Place of Business

2a. Mailing Address

21 3547 S.W. CORPORATE PARKWAY 3547 S.W. CORPORATE PARKWAY

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

23 PALM CITY, FL.

28 PALM CITY, FL.

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

24 34990

25 USA

29 34990

30 USA

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRY, STEPHEN
900 E. OCEAN BLVD
SUITE 120
STUART FL 34994

81 Name

STEPHEN FRY

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

3547 S.W. CORPORATE PARKWAY

83

84 City

PALM CITY,

FL

85 Zip Code
34990

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 607.0502, Florida Statutes.

SIGNATURE

Signature, Agent or person authorized to register agent, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME FRY, STEPHEN
STREET ADDRESS 900 E. OCEAN BLVD #120
CITY - ST - ZIP STUART FL

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

DPVTS
FRY, STEPHEN
3547 S.W. CORPORATE PARKWAY
PALM CITY, FL. 34990

TITLE DST
NAME OLENICK, MICHAEL H.
STREET ADDRESS 900 E. OCEAN BLVD #120
CITY - ST - ZIP STUART FL

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

TITLE

NAME

STREET ADDRESS

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)(b), 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 such certificate, 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 of this filing with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN FRY

2/2/95 407-221-3141