

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L92270** (2)

1. Corporation Name

BETTE K. POTTS REALTY, INC.



Principal Place of Business

**6237 PRESIDENTIAL COURT
SUITE 126
FT MYERS FL 33919
US**

Mailing Address

**6237 PRESIDENTIAL COURT
SUITE 126
FT MYERS FL 33919
US**

3. Date Incorporated or Qualified
08/06/1990

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

21 **6360 PRESIDENTIAL**

Suite, Apt. #, etc.

22 **4-B**

City & State

23 **FT. MYERS, FL**

Zip

24 **33919**

Country

25 **LEE**

2a. Mailing Address

26 **6360 presidential ct.**

Suite, Apt. #, etc.

27 **4-B**

City & State

28 **FT. MYERS, FL**

Zip

29 **33919**

Country

30 **LEE**

4. FEI Number

65-0209045

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**POTTS, BETTE K.
12346 WOODROSE CT
#3
FT MYERS FL 33907**

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 of Registered Agent (Typed or Printed Name of Registered Agent and Mailing Address)

Signature of Registered Agent (Typed or Printed Name of Registered Agent and Mailing Address)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D POTTS, BETTE K.**
STREET ADDRESS **4203 BAY BEACH LN #F-2**
CITY-ST-ZIP **FT MYERS BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Add on
12 NAME
13 STREET ADDRESS **12346-3 WOODROSE CT**
14 CITY-ST-ZIP **FT. MYERS, FL 33907**

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 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

SIGNATURE:

BETTE K. POTTS
Bette K. Potts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

(941) 489-2200
Captain Phone #

CR2E034 (12/95)