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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State

DIVISION OF CORPORATIONS

## 1999 DOCUMENT # L92270

1. Corporation Name

		1
Pencipal Place of Business	Mailing Address	
6360 PRESIDENTIAL	12346-3 WOODROSE CT FT. MYERS FL 33907	
FT! MYERS FL 33919	US	•
US		•

## **FILED** Feb 09, 1999 8:00 am Secretary of State

02-09-1999 90021 013 \*\*\*150.00

,	K. POTTS REALTY, INC.								
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	e of Business	Mailing Address							
6360 PRESIDEI	NTIAL	12346-3 WOODROSE CT FT. MYERS FL 33907							
	MYERS FL 33919 US			DO NOT WRITE IN THIS SPACE					
USį .			3. Date incorporated or Qualifed						
1						08/06/1990			
2. Principal F	lace of Business	2a. Mailing Address		,		4. FEI Number		plied For	12
21		26				65-0209045		t Applicable	X
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•		5. Certificate of Status Desired	\$8.75 / .Fee.Re		,
City & Stat	ie .	City & State				6. Election Campaign Financing	\$5.00		
23		28				Trust Fund Contribution	Added	•	
Zip	Country	Zip	Соц	ntry		8. This corporation owes the current year	Intangible		
24	25	29	30	!		Personal Property Tax.	Yes	□No	
ri	9. Name and Address of Current	Registered Agent	••	1		10. Name and Address of New Registers	ed Agent		4
- BOT	TO DETTE V			81 Name					
	TS, BETTE K., 46 WOODROSE CT			82 Street	Addres	ss (P.O. Box Number is Not Acceptable)		•	1
#3	46 WOODNOSE CI			1		1 12 13 2 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	15 N (0 1 7 1 N 1) 0 (2)	644 8 6 6 5 - 241	-
	MYERS FL 33907			83					
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Harmen	the provisions of Sections 607 0502	and 607 1609 Florida Statut	ec the a	hove-named	COLDOL	ation submits this statement for the purpose	of changing its	registered	-
🦈 office or i	registered agent, or both, in the State o	of Florida. Such change was a	uthorized	by the com-	oration	's board of directors. I hereby accept the app	pointment as re	gistered	
ित्र <mark>Fagent. L</mark> a	im familiar with, and accept the obligati	ions of, Section 607.0505, Flo	rida Stati	utes.					
SIGNATURE	Signature, typed or printed name of registered agent	AND TO	B. 182	j				<u>.                                    </u>	۱ ـ
		and the it applicable. (NOTE	:: Registerea	Agent signature i	required w	then reinstating) DATE			1
12.	OFFICERS AND		13.	Agent signature i	required w	Abditions/Changes to officers	AND DIRECTO	RS IN 12	86/
12.					required w		AND DIRECTO	DR\$ IN 12	(11/98)
	OFFICERS AND D POTTS, BETTE K.	DIRECTORS	13.	πE	required w	ADDITIONS/CHANGES TO OFFICERS			34 (11/98)
TITLE	D POTTS, BETTE K. 12346-3 WOODROSE CT	DIRECTORS	13. 1.1 Ti 1.2 N/	πE	required w	ADDITIONS/CHANGES TO OFFICERS			E034 (11/98)
TITLE NAME	OFFICERS AND D POTTS, BETTE K.	D DIRECTORS	1.1 TF 1.2 NA 1.3 ST	TLE	required w	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition	SR2E034 (11/98)
TITLE NAME STREET ADDRESS	D POTTS, BETTE K. 12346-3 WOODROSE CT	DIRECTORS	13. 1.1 TF 1.2 N/ 1.3 ST 1.4 CF 2.1 TF	TLE   TREET ADDRESS TY-ST-ZIP	required w	ADDITIONS/CHANGES TO OFFICERS			CR2E034 (11/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTS, BETTE K. 12346-3 WOODROSE CT	D DIRECTORS	13. 1.1 Ti 1.2 N/ 1.3 ST 1.4 Ci 2.1 Ti 2.2 N/	TLE   REET ADDRESS TY-ST-ZIP TLE	equirad w	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition	CR2E034 (11/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D POTTS, BETTE K. 12346-3 WOODROSE CT	D DIRECTORS	13. 1.1 TF 1.2 N/ 1.3 ST 1.4 CF 2.1 TF 2.2 N/ 2.3 ST	TLE   TREET ADDRESS TY-ST-ZIP TLE   TREET ADDRESS	equirad w	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition	CR2E034 (11/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTS, BETTE K. 12346-3 WOODROSE CT	D DIRECTORS  DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TF 2.2 NV 2.3 ST 2.4 C	TLE   TREET ADDRESS TY-ST-ZIP TLE   TREET ADDRESS TTY-ST-ZIP	equirad w	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition	CR2E034 (11/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D POTTS, BETTE K. 12346-3 WOODROSE CT	D DIRECTORS	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT	TLE   TREET ADDRESS TY-ST-ZIP TLE   TREET ADDRESS TY-ST-ZIP TREET ADDRESS TTY-ST-ZIP	equired w	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition	CR2E034 (11/98)
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14. 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 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:

1-19-99 941-275-6771
Date Daytime Phone #