

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

FILED

96 SEP -9 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M67138 (1)

1. Corporation Name

AAA PORTH-POTI, INC.



Principal Place of Business

RT. 10 BOX 916-L2
HWY 47 SOUTH
LAKE CITY FL 32025
US

Mailing Address

RT. 10 BOX 916-L
P.O. BOX 1894
LAKE CITY FL 32025
US

2. Principal Place of Business

21 RT. 10 Box 916-L2

2a. Mailing Address

26 RT. 10 Box 916-L2

Suite, Apt. #, etc.

22 Hwy 47 South

City & State

23 Lake City, FL

Zip

24 32025

Country

25 USA

Zip

29 32025

Country

30 USA

9. Name and Address of Current Registered Agent

SHANE D. WILLEMS
RT. 9 BOX 785-20
MEADOW DR. LOT 5
LAKE CITY FL 32024

3. Date Incorporated or Qualified

02/05/1988

3a. Date of Last Report

06/15/1995

4. FEI Number

59-2894944

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

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.

(NOTE: Registered Agent signature required when reinstating)

President

DATE

1-16-96

12. OFFICERS AND DIRECTORS

TITLE P
NAME SHANE DANIEL WILLEMS
STREET ADDRESS RT. 9 BOX 785-20 785-5
CITY-ST-ZIP LAKE CITY FL 32024

TITLE VP
NAME JOSHUA JAMES WILLEMS
STREET ADDRESS RT. 9 BOX 785-20
CITY-ST-ZIP LAKE CITY FL 32024

TITLE S
NAME BERNARD C. WILLEMS
STREET ADDRESS RT. 9 BOX 785-20
CITY-ST-ZIP LAKE CITY FL 32024

TITLE T
NAME KEVIN EUGENE KAMPMEYER
STREET ADDRESS P.O. BOX 2154 11A
CITY-ST-ZIP LAKE CITY FL 32056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

800001957068
-09/25/96--01099--008
****225.00 ****225.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-96 904-755-9375