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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M67138 (1)

1. Corporation Name
AAA PORTI-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-L2
LAKE CITY FL 32025-8877
US



3. Date Incorporated or Qualified
02/05/1988

3a. Date of Last Report
09/09/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

WILLEMS, SHANE D
RT. 9 BOX 785-5
LAKE CITY FL 32024

10. Name and Address of New Registered Agent

81 Name

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

83 Rt 9 Box 785-20

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME KEVIN EUGENE KAMPMEYER
STREET ADDRESS P.O. BOX 2154 N/A
CITY-ST-ZIP LAKE CITY FL 32056

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Rt. 9 Box 785-20

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Rt 9 Box 778-H

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Rt 9 Box 785-5

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Rt 9 Box 778-J
Lake City, FL 32024

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

VP
Kenny Roche
Rt 9 Box 1055
Lake City, FL 32024

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Shane Willems
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1-10-97 904-755-3013

CR2E034 (9/96)