

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90141 019 \*\*\*150.00

**DOCUMENT # M67138**

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-L2  
LAKE CITY FL 32025  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1988

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 RT 9 BOX 785-20

26 P.O. BOX 250

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Lake City Florida

24 Zip 32024 25 Country USA

27 City & State

28 Lake City FL

29 Zip 32024 30 Country USA

9. Name and Address of Current Registered Agent

WILLEMS, SHANE D  
RT. 9 BOX 785-20  
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

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 *Shane Willems, Pres*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-17-99

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SHANE DANIEL WILLEMS	
STREET ADDRESS	RT. 9 BOX. 785-20	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	JOSHUA JAMES WILLEMS	
STREET ADDRESS	RT. 9 BOX. 778-H	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WILLEMS, BERNARD C	
STREET ADDRESS	RT. 9 BOX 785-5	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KEVIN EUGENE KAMPMEYER	
STREET ADDRESS	RT. 9 BOX 778-J	
CITY-ST-ZIP	LAKE CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S Becky Laughlin
3.3 STREET ADDRESS	PO Box 2422
3.4 CITY-ST-ZIP	LAKE CITY, FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T Laura Willems
4.3 STREET ADDRESS	RT 9 BOX 785-20
4.4 CITY-ST-ZIP	LAKE CITY, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

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

3-17-99

Date

904 755-3013

Daytime Phone #

CR2E034 (1/98)