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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000057222 (0)

RICHARD C. POTTER & ASSOCIATES, INC.

Principal Plac	e of Rusiness	Mailing Address			<u> </u>	
3519 ST FLO PUNTA GORD US	RENT CT	3519 ST. FLORENT	3519 ST. FLORENT CT. PUNTA GORDA FL 33950		DO NOT WRITE IN THIS SPACE	
00		55			3. Date Incorporated or Qualified 08/12/1993	
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number	Applied For
21 26				65-0433840	Not Applicable	
Suite, Apl. #, etc.		} 1	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
2		27				
City & State	6	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4	Country 25	Zip	30	ountry	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible Yes No
31	g, Name and Address of Curr		. 100	Ti	10. Name and Address of New Register	
PO	TTER, RICHARD C			81 Name		T
3519ST. FLORENT COURT				82 Street Add	ress (P.O. Box Number is Not Acceptable)	
PU	NTA GORDA FL 33950			63		
				84 City		85 Zip Code
				D41 City	F	Zip Code
 Pursuant office of ragent. I a SIGNATURE 					poration submits this statement for the purpos tion's board of directors. I hereby accept the	
	Signature, typed or printed name of registered a			red Agent signature requ		
12.		ND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS	
TITLE	P POTTER BIOLINES A	☐ DELETE	3	TITLE		Change Addition
NAME	POTTER, RICHARD C		1	NAME		
STREET ADDRESS	3519 ST FLORENT CT			STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	DELETE		CITY-ST-ZIP		Change Addition
TITLE	ST CYLLAR A	L DELETE		TITLE		Crange C Addition
NAME	POTTER, SYLVIA A			NAME		
STREET ADORESS	3519 ST FLORENT COURT PUNTA GORDA FL		1	STREET ADDRESS		
CITY-ST-ZIP TITLE	FUNIA GUNDA FL	DELETE		TITLE		Change
	•		1	NAME		E phange E Modition
NAME DESCRIPTION				•		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP		DELETE		CITY-ST-ZIP		Change Addition
THE F						

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 changes, or on an officer or 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 changes, or on an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

1. 2 NAME

5.1 TITLE

52 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

NAME STREET ADDRESS

TITLE

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

RACHARD C. POTTER

12 BVT08 B084

Change

Change

☐ Addition

Addition

FILED

Apr 16 1998 8:00am

Secretary of State

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