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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 13 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000041337 (4)**

1. Corporation Name
POTTS-CAULFIELD CORP., INC.

Principal Place of Business	Mailing Address
414 LAKE HOWELL ROAD MAITLAND FL 32751	414 LAKE HOWELL ROAD MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/27/1994**
3a. Date of Last Report:

2. Principal Place of Business
21: 1971 HOWELL BRANCH
22 Suite, Apt. #, etc:
23 City & State: MAITLAND FL
24 Zip: 32751
25 County: ORANGE

2a. Mailing Address
27: 1971 HOWELL BRANCH RD.
Suite, Apt. #, etc:
28 City & State: MAITLAND FL
29 Zip: 32751
30 County: ORANGE

4. FEI Number: 59-3247341 ☐ 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

9. Name and Address of Current Registered Agent

ROOKS, MARVIN E
147 WEST LYMAN AVENUE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: WALTER J. POTTS
82 Street Address (P.O. Box Number is Not Acceptable): 681 N. GLENN DR
83:
84 City: ALTAMONTE SPGS FL 85 Zip Code: 32701

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: Walter J. Potts — WALTER J. POTTS — DATE: 4/12/95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	CAULFIELD, SCOTT	12 NAME		
STREET ADDRESS	3800 DONNA LYNN COURT	13 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL 32817	14 CITY ST ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	POTTS, JOYCE -NORTH-	22 NAME		
STREET ADDRESS	681 NORTH GLENN	23 STREET ADDRESS		
CITY ST ZIP	ALTAMONTE SPRINGS FL 32701	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043376 CP