

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

1995 AUG 10 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # P94000070398 (0)

1. Corporation Name

POTOMAC INFORMATION GROUP, INC.

Principal Place of Business

Mailing Address

110 BENNINGTON DR
UNIT 8
NAPLES FL 33942

110 BENNINGTON DR
UNIT 8
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/22/1994

4. FEI Number

Applied For

65-0528565

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

2a. Mailing Address

21 2641 Airport Rd So.

26 PO Box 7622

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 A-105

27

City & State

City & State

23 NAPLES, FL

28 NAPLES, FL

Zip

Country

Zip

Country

24 33962

25 USA

29 33941

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLBER, GERALDINE M
110 BENNINGTON DR
UNIT 8
NAPLES FL 33942

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WOLBER, GERALDINE M
STREET ADDRESS 110 BENNINGTON DR UNIT 8
CITY - ST - ZIP NAPLES FL 33942

1.1 TITLE ☐ Change ☐ Addition

TITLE D
NAME MCFATTER, GLEB
STREET ADDRESS 3917 COURTLAND CIR
CITY - ST - ZIP ALEXANDRIA VA 22305

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 110 BENNINGTON DRIVE UNIT 8
2.4 CITY - ST - ZIP NAPLES, FL 33942

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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)(b), 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:

GLEB MCFATTER

6/5/95

775-6763

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE

CR2E034 (3/95)