

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 19 1996 8:00 am
Secretary of State

DOCUMENT # P95000016661
1. Corporation Name
POT Funding, Inc.

Principal Place of Business Mailing Address
735 W. Washington St.
Monticello, FL 32344

2. Principal Place of Business 2a. Mailing Address
21 735 W. Washington St. 26
Suite Apt # etc Suite Apt # etc
22
City & State City & State
23 Monticello, FL 28
Zip Country Zip Country
24 32344 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
2/27/96
4. FEI Number Applied For
59-3304920 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

10. Name and Address of New Registered Agent

81 Name Hiner F. Boyd
82 Street Address (P.O. Box Number is Not Acceptable)
735 W. Washington St.
83
84 City Monticello FL 85 Zip Code
32344

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 Hiner F. Boyd 5/1/96

12. OFFICERS AND DIRECTORS
1. TITLE ☐ DELETE
NAME ST Wink, Charles Sr/Mr
STREET ADDRESS
CITY, ST, ZIP
2. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
4. TITLE ☐ DELETE
NAME Hiner Boyd
STREET ADDRESS
CITY, ST, ZIP
5. TITLE ☐ DELETE
NAME Charles Culham
STREET ADDRESS
CITY, ST, ZIP
6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE ☐ Change ☐ Addition
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92. CITY, ST, ZIP
93. TITLE ☐ Change ☐ Addition
94. NAME
95. STREET ADDRESS
96. CITY, ST, ZIP
97. TITLE ☐ Change ☐ Addition
98. NAME
99. STREET ADDRESS
100. 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)(k), 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: Hiner F. Boyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 804-997-0723

CR2E034 (12/95)