SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT** # P95000072842 (4) POTTERY UNDER THE SUN. INC. Principal Place of Business Mailing Address (1)712 SHELBURNE LANE (1)712 SHELBURNE LANE SARASOTA FL 34231 SARASOTA FL 34231 3. Date Incorporated or Qualified 3a. Date of Last Report 09/19/1995 2. Principal Place of Business 2a. Mailing Address 26. 1713 Shelburne Suite, Apt #, etc. 4. FEI Number Applied For 1712 Shelburne 65-061027 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Irust Fund Contribution** Added to Fees Zip Country Country 8. This corporation has liability for integrible tax under s. 199 032, 24 25 29 30 Florida Statutes Yes 🔲 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PEARSE, RICHARD L JR 814 CHESTNUT STREET Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34616** 83 84 City 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 priched haine of registered agend and tide diappinable (NOTE: Registered Agent's grature required when reinstating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12 (3.6)TITLE n DELETE 1.1 10116 Change Addition NAME PETHER, LAURA F 1.2 NAME CR2E034 STREET ADDRESS 4370 Trails dr. 1.3 STREET ADDRESS. SARASOTA FL 34232 CITY-ST-ZIP 1 4 CITY - ST - ZIP 7iTLE DELETE 21 TIFLE Change Addition NAME **DURKIN, ANN CASEY** 2.2 NAME STREET ADDRESS 1712 SHELBURNE LANE 2.3 STREET ADDRESS SARASOTA FL 34321 CITY-ST-ZIP 2 4 CHY - ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - S1 - ZIP TITLE DELFTE 5.1 THILE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZiP TITLE DELETE 6.1 TIFLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

SIGNATURE:

14. I do hereby certily 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 + further certify that the information indicated on tris 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or or, an attachment with an address