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**Mar 19 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P95000081717 (7)**

1. Corporation Name  
**POTATOE'S PLUS, INC.**



Principal Place of Business: **2700 STATE ROAD 16, STE. 206  
ST. AUGUSTINE FL 32092**

Mailing Address: **2700 STATE ROAD 16, STE. 206  
ST. AUGUSTINE FL 32092-0748**

3. Date Incorporated or Qualified: **10/23/1995**      3a. Date of Last Report: **05/01/1996**

4. FEI Number: **59-3346869**      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

2. Principal Place of Business:

21. State, Apt. #, etc.: \_\_\_\_\_

22. City & State: \_\_\_\_\_

23. Zip: \_\_\_\_\_ Country: \_\_\_\_\_

24. \_\_\_\_\_

25. \_\_\_\_\_

26. Mailing Address:

26. State, Apt. #, etc.: \_\_\_\_\_

27. City & State: \_\_\_\_\_

28. Zip: \_\_\_\_\_ Country: \_\_\_\_\_

29. \_\_\_\_\_

30. \_\_\_\_\_

9. Name and Address of Current Registered Agent  
**DONOVAN, ELIZABETH M  
8084 G.R. 214  
ST. AUGUSTINE FL 32092**

10. Name and Address of New Registered Agent

81. Name: **CAROL NICHOLS**

82. Street Address (P.O. Box Number is Not Acceptable): **69 S. DIXIE HWY, SUITE B**

83. \_\_\_\_\_

84. City: **ST. AUGUSTINE**      FL      85. Zip Code: **32095**

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 doing so with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Carol Nichols, CPA*

(NOTE: Registered Agent signature required when reinstating)

DATE: **2-25-97**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	SLAVIN, DONNA-LOUISE	141 Tanager Rd	ST AUG FL 32088	VP	TAYLOR, YASMIN	2819 N 6TH ST	ST AUG FL 32095
				S	MIRFIN, RHIANNON	250 GENTIAN RD	ST AUG FL 32088

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I do 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 included 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: *Jamini Taylor*      VICE PRESIDENT      Date: **3/12/97**      904 829 9615

CR2E034 (9/96)