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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000091978

1. Corporation Name

NAME

STREET ADDRESS

CITY-ST-ZiP

KELLY POTTER LMT & ASSOCIATES, INC.

) (
Principal Place	e of Business	Mailing Address				1700				
10903		3802 EHRLICH RD								
TÂMPA FL 33618 STE 210 US TAMPA FL 33624							DO NOT W	/RITE IN T	HIS SPACE	
		US				3. Date Inco	rporated or Qualif	ed		
						11/30/1	995			į
Principal Place of Business 2a. Mailing Address						4. FEI Numb				Applied For
21 10903 N Dale Mabry Hwy 26						59-3350	1527		1	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.							\$8.75	Additional
22		27				5. Certifcate	of Status Desired		Fee F	Required
City & State		City & State				6. Election C	ampaign Financir	na	\$5.0	May Be
23		28					d Contribution	.a 🗆		to Fees
Zip	Country	Zip	Coun	try		8. This corpo	oration owes the c	urrent yea	r Intangible	
24	25	29	30			Personal	Property Tax.	•	☐ Yes	No
	9. Name and Address of Curren	t Registered Agent				10. Name an	d Address of Ne	w Registe	red Agent	
				81 N	lame	<u> </u>				
SMIT	TH, SMITTY		-	82 S	troot A-1	dress (P.O. Box N	umbor is Not Asse	ntable)		
3802 EHRLICH ROAD			- 1	82 5	treet Add	ress (P.U. Box Ni	umber is Not Acce	eptable)		
SUIT	E 210		ļ.	83				_		
TAM	PA FL 33624		L					_		
				84 C	ity			1	FL 85 Zij	o Code
44 5	to the provisions of Sections 607.050	2 and 607 1509 Florida Statut	oo tho ob		mod cor	noration submits t	hie statement for t			ts registered
office or n	egistered agent or both in the State	of Florida. Such change was a	uthorized	by the	corporat	tion's board of dire	ctors. I hereby ac	cept the a	ppointment as	registered
agent, I a	m familiar with, and accept the obliga	tions of Section 607.0505, Flo	rida Statut	les.				1/22/	00	
SIGNATURE								1177	79	
40	Signature, typed or printed name of registered ager	ID DIRECTORS	: Registered 7	rgent sig	nature requir	red when reinstating)	S/CHANGES TO	OFFICERS	S AND DIRECT	ORS IN 12
12.		DELETE				ADDITION	S/OTIANOES TO	OFFICER	7 7110 0"164"	VII.0 111 12
TITLE	Porren Kelly			-					1 Change	
NAME	Potter, Kelly	☐ NETE IE	1.1 TITL						Change Change	
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1	109030N DALE MABRY HWY	☐ DELETE	1.2 NAA 1.3 STR	ME EET ADI		N Eapo	Dale M	obry f	,	
CITY-ST-ZIP	-	_	1.2 NAA 1.3 STR 1.4 CIT	ME EET ADO Y-S <u>T-ZI</u> F		0903 N	Dale M	obry -	Hwy	e
CITY-ST-ZIP	109030N DALE MABRY HWY	☐ OELETÉ	1.2 NAA 1.3 STR	ME EET ADO Y-S <u>T-ZI</u> F		N Eopo	Dale M	obry 1	,	e
	109030N DALE MABRY HWY	_	1.2 NAA 1.3 STR 1.4 CIT	ME EET ADI Y-ST-ZIF E		N Eopo	Dale M	obry 1	Hwy	e
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14. I 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: