

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S10048

(4)

1. Corporation Name

POTTERY SHED, INC.



Principal Place of Business

Mailing Address

ROUTE 2 BOX 235 H.V.
HIGH SPRINGS FL 32643-9802
US

ROUTE 2 BOX 235 H.V.
HIGH SPRINGS FL 32643-9802
US

2. Principal Place of Business

2a. Mailing Address

21 RT. 2 BOX 235 H.V.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 HIGH SPRINGS, FL

28 City & State

24 32643-9802

25 COLUMBIA

29 City & State

30 Country

9. Name and Address of Current Registered Agent

REILLY, WILLIAM G.
RT 2 BOX 235 HV
HIGH SPRINGS FL 32643-9802

3. Date Incorporated or Qualified
10/30/1990

3a. Date of Last Report
05/18/1995

4. FEI Number
59-3035524

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

10. Name and Address of New Registered Agent

81 Name
WILLIAM G. REILLY

82 Street Address (P.O. Box Number is Not Acceptable)
Rt 2 Box 235

83

84 City

High Spgs.

FL

85 Zip Code
32643-9802

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

(no change)

Feb. 29, 1996

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

7. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

8. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

9. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. 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:

Stephen M. Reilly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 29, 1996

402-27-2488

CR2E034 (12/95)