FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S69902** **(2)**

1. Corporation Name
POTTS FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
1700 METROPOLITAN BLVD TALLAHASSEE FL 32308	1700 METROPOLITAN BLVD TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/31/1991
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21: 1334 Timber lane Rd.
22 Suite, Apt. #, etc.: Suite #7
23 City & State: Tallahassee, FLA
24 Zip: 32312 25 County: Leon

2a. Mailing Address
26: P.O Box 10318
27 Suite, Apt. #, etc.:
28 City & State: Tallahassee FLA
29 Zip: 32302 30 County: Leon

4. FEI Number: 59-3077474 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

POTTS, ALAN N.
1700 METROPOLITAN BLVD
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name: ALAN N. POTTS
82 Street Address (P.O. Box Number is Not Acceptable): 2055 THOMASVILLE RD. "D-201"
83:
84 City: Tallahassee FL 85 Zip Code: 32312

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] ALAN N. POTTS 4/20/95
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition Pres
NAME	POTTS, ALAN N.	1.2 NAME	
STREET ADDRESS	4265 RABBIT POND RD	1.3 STREET ADDRESS	2055 THOMASVILLE RD. D-201
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, FLA 32312
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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.

SIGNATURE: [signature] 4/20/95 904-893-2526
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

007409 CP