FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthani ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # S69902 POTTS FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address 1334 TIMBERLAND RD. P.O. BOX 10318 SUITE #7 TALLAHASSEE FL 32302 TALLAHASSEE FL 32312 US 3. Date Incorporated or Qualified 3a. Date of Last Report 07/31/1991 04/26/1995 4. FEI Number 2a. Mailing Address Applied For 26 59-3077474 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State 6. Flection Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Coun This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name POTTS, ALAN N. 82 2055 THOMASVILLE RD. "D-201" TALLAHASSEE FL 32312 83 11. Pursuant to the provisions of S 607.0502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office ite of Florida. Thereby accept the appointment as registered agent. Lam or registered SIGNATURE (12/95)12. NO DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THILE 1.1 TIDE Change Addition POTTS, ALAN N. NAME 1.2 NAME CR2E034 STREET ADDRESS <del>-2055 THOMASVILLE RD D-20</del> 1.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 4 CITY - ST - ZIP TIBLE DELETE 2 1 1111 F Change Addition NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CFY - ST - Z/P TITLE DELETE 3 1 TIFLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHY - ST - ZIP TITLE DEFEIF 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY ST ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - 7-P TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST-ZIP 6.4 CITY - S1 - 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 supplementary mual report is true and accurate and that my sonature shall have the same lead offers as if produced. idmisried and dues not qualify for the exemption stated in Section 1 is 275jiki, monda statutes, mornes annual report is true and accurare and that my signature shall have the same legal effect as if made under thee empowered to execute this report as required by Chapter 607, Florich Statutes, and that my name oath; that I any an officer or director appears in Block 12 or Block CAN N. O.T.S SIGNATURE: