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FILED  
Feb 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # V50599 (2)  
1. Corporation Name  
PATRICIA ROY POTTS INSURANCE AGENCY, INC.

Principal Place of Business  
4128 W. KENNEDY BLVD.  
TAMPA FL 33607

Mailing Address  
4128 W. KENNEDY BLVD.  
TAMPA FL 33607



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1992

4. FEI Number

59-3135299

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 4506 W. KENNEDY BL.

Suite, Apt. #, etc.

22

City & State

23 TAMPA, FL

Zip

24 33609

Country

25 Hillsborough

2a. Mailing Address

26 4506 W. Kennedy Bl

Suite, Apt. #, etc.

27

City & State

28 TAMPA, FL

Zip

29 33609

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

POTTS, PATRICIA ROY  
4128 W. KENNEDY BLVD.  
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME POTTS, PATRICIA ROY  
STREET ADDRESS 4128 W. KENNEDY BLVD. 4506 W. Kennedy Bl.  
CITY-ST-ZIP TAMPA FL

TITLE DT  
NAME ROY, RAYFERD R.  
STREET ADDRESS 4128 W. KENNEDY BLVD. 4506 W. Kennedy Bl.  
CITY-ST-ZIP TAMPA FL

TITLE D  
NAME NUZZO, JAMES S.  
STREET ADDRESS 324 PLANT AVE.  
CITY-ST-ZIP TAMPA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE

2-16-98

(013) 286-3077

CR2E034 (10/97)