FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V71409** **(9)**

1. Corporation Name

CHILI WILLIE, INC.

Principal Place of Business

7149 COLUMBIA CIR
FT MYERS FL 33908

Mailing Address

16305 San Carlos Blvd.
~~7149 COLUMBIA CIR~~
FT MYERS FL 33908

3. Date Incorporated or Qualified: **10/12/1992**

3a. Date of Last Report: **07/24/1995**

4. FEI Number: **65-0365912** ☐ 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

2. Principal Place of Business

21 Potts Hot Dogs & Grill
22 Suite, Apt. #, etc. 16305 San Carlos Blvd.
23 City & State Ft. Myers, Fla.
24 Zip 33908 25 Country Lee

2a. Mailing Address

26 Potts' Hot Dogs & Grill
27 Suite, Apt. #, etc. 16305 San Carlos Blvd
28 City & State Ft. Myers, Fla.
29 Zip 33908 30 Country Lee

9. Name and Address of Current Registered Agent

POTTS, WILLIAM RUCH
7149 COLUMBIA CIR
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name: MICHAEL A POTTS
82 Street Address (P.O. Box Number is Not Acceptable): 7141 COLUMBIA CIRCLE
83
84 City: FORT MYERS **FL** 85 Zip Code: 33908

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Required if agent's signature required when mailed in)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POTTS, WILLIAM RUCH 7149 COLUMBIA CIR FT MYERS FL	XX DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	PRESIDENT MICHAEL A POTTS 7141 COLUMBIA CIRCLE FORT MYERS, FL 33908	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	VICE-PRESIDENT EVELYN POTTS 7149 COLUMBIA CIRCLE FORT MYERS, FL 33908	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: Michael A. Potts Pres 3/24/96 941-4667747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #