

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90207 007 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V71409

1. Corporation Name
CHILI WILLIE, INC.



Principal Place of Business
POTTS HOT DOGS & GRILL
16305 SAN CARLOS BLVD
FT MYERS FL 33908
US

Mailing Address
POTTS HOT DOGS & GRILL
16305 SAN CARLOS BLVD
FT MYERS FL 33908
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1992

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

POTTS, MICHAEL A
7149 COLUMBIA CIR
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name

EVELYN POTTS

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

7149 COLUMBIA CIR

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 *Evelyn Potts*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/99

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | POTTS, MICHAEL A | |
| STREET ADDRESS | 7141 COLUMBIA CIRCLE | |
| CITY-ST-ZIP | FT MYERS FL | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | POTTS, EVELYN A | |
| STREET ADDRESS | 7149 COLUMBIA CIRCLE | |
| CITY-ST-ZIP | FT MYERS FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | POTTS, EVELYN | |
| STREET ADDRESS | 7149 COLUMBIA CIRCLE | |
| CITY-ST-ZIP | FT MYERS FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

Evelyn Potts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

(941) 482-5432

Date Daytime Phone #

CR2E034 (11/98)