

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 8:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 514686 (5)

1. Corporation Name

PORTSMOUTH CORPORATION

Principal Place of Business

**3550 BISCAYNE BOULEVARD, SUITE 401
MIAMI FL 33137**

Mailing Address

**3550 BISCAYNE BOULEVARD, SUITE 401
MIAMI FL 33137**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/12/1976

3a. Date of Last Report

09/22/1994

4. FEI Number

APPLIED FOR

☒ 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 10 Bricketts Mill Road

2a. Mailing Address

26 10 Bricketts Mill Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Hampstead, NH

28 Hampstead, NH

Zip

Country

Zip

Country

24 03841

25 U.S.A.

29 03841

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREEMAN, FRANK ESQ.

**3550 BISCAYNE BLVD., SUITE 401
MIAMI FL 33137**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSD
FREEMAN, FRANK
3550 BISCAYNE BLVD. #401
MIAMI FL 33137**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**P/D/S/T
HOLMES, PETER A.
10 Brickett's Mill Road
Hampstead, NH 03841**

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 110.07(3)(a), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter A. Holmes
April 21, 1995

603-329-5380