FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90109 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

| • | 1999 | SO WE THE | DIVISION OF CO | RPORAT | IONS | 04-07-1999 90109 023 | 1 ***150.00 |) |
|---|--|---------------------------------|---|--|---|--|-------------------------------------|-------------------------------------|
| DOCUN 1. Corporation | MENT # KO | 9443 | | | *** | | 1811 A1811 B1811 B18 | 14 8:5 11 1881 |
| | | | | | | | | |
| Principal Place | of Business | Ma | iling Address | | | T (20/9))) das dania lasin didin didan nili diam n | 1811 618 11 61811 616 | |
| % JAMES D. PORTER % JAMES D. PORTER | | | | | | | | |
| 2528 HWY 581 S. 2528 HWY 581 S. | | | | | DO NOT WRITE IN THIS | SPACE | | |
| ZEPHYRHILLS F | L 33543-9213 | ZE# | PHYRHILLS FL 33543-9213 | | | 3. Date Incorporated or Qualifed | | |
| | | | | | | 12/29/1987 | | |
| 2. Principal Pl | ace of Business | 2a. | Mailing Address | | - | 4. FEI Number | Appl | ied For |
| 21 | · · | 26 | <u> </u> | : | | <u>59-2861350</u> | | Applicable |
| Suite, Apt. 1 | #, etc. | | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | \$8.75 Ad Fee Req | , |
| 22 | | 27 | City & Chata | | | | ' | |
| City & State | • | 28 | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 M Added to | |
| Zip | Country | | Zip | Countr | у | 8. This corporation owes the current year Int | | |
| 24 | 25 | 29 | 30 |) | | Personal Property Tax. | ☐ Yes [| No |
| | 9. Name and Addres | ss of Current Regist | tered Agent | | | 10. Name and Address of New Registered | Agent | |
| DOD! | TTD 1414EC D | | | 81 | I Name | | | • |
| PORTER, JAMES D. | | | 82 | 2 Street Add | ress (P.O. Box Number is Not Acceptable) | | | |
| 2528 HWY, 581 S | | | 83 | | | | | |
| ZEFF | TITITIEED I E 30540 | | | *` | " | | | |
| | | | | 84 | 4 City | FL | 85 Zip Co | ode |
| 11. Pursuant i | to the provisions of Secti | ions 607.0502 and 60 | 07.1508, Florida Statutes, | the abov | <u>l</u> ve-named coη | poration submits this statement for the purpose of | changing its re | egistered |
| office or m | agistored agent or both | in the State of Florid | la. Such change was auth Section 607.0505, Florida | onzed by | v the corporati | on's board of directors. I hereby accept the appoi | ntment as regi | sterea |
| SIGNATURE | 1 1 1 | | | | | | | |
| | Signature, typed or printed name | of regestered agent and title i | | | | | | |
| 12. | | | | | ent signature requir | ed when reinstating) DATE ADDITIONS/CHANGES TO DEFICERS AN | ND DIRECTOR | S IN 12 |
| TITLE | 1 / OI | FFICERS AND DIRE | CTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AN | ND DIRECTOR | S IN 12 |
| TITLE |) // OI | FFICERS AND DIRE | | 13. 1.1 TITLE | | ou whom remaining, | | |
| NAME | D PORTER, JAMES H. | FFICERS AND DIRE | CTORS | 13. 1.1 TITLE 1.2 NAME | | ou whom remaining, | | |
| NAME STREET ADDRESS | D PORTER, JAMES H. 28644 SR 54 WEST | FFICERS AND DIRE | CTORS | 13. 1.1 TITLE 1.2 NAME | ET ADDRESS | ou whom remaining, | | |
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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.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP