

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 330042

(3)

1. Corporation Name

H.G. PORTER & SONS, INC.

Principal Place of Business

402 W BALL ST
PLANT CITY FL 33566

Mailing Address

402 W BALL ST
PLANT CITY FL 33566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/14/1968

3a. Date of Last Report
06/27/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-1211939

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

7. This corporation has liability for intangible tax under s. 190.022,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PORTER, VERNON
4603 W. BUGG RD.
PLANT CITY FL 33567

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
PORTER JR, G R
402 WEST BALL STREET
PLANT CITY FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TOP
PORTER, VERNON
402 WEST BALL STREET
PLANT CITY FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VSD
PORTER, GLENDON R
402 WEST BALL STREET
PLANT CITY FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
PORTER, H G
402 WEST BALL STREET
PLANT CITY FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
PORTER, GAYLE Y
402 WEST BALL STREET
PLANT CITY FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
PORTER, MYRTICE S
402 WEST BALL STREET
PLANT CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change Addition

DELETE
DECEASED JULY 6, 1994

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 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:

Vernon L. Porter VERNON L. PORTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-95
Date

813-752-0417
Telephone No.

CR2E034 (3/95)