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FILED
May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33566-5302

3. Date Incorporated or Qualified

05/14/1968

3a. Date of Last Report

04/19/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

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

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME PORTER JR, G R
STREET ADDRESS 402 WEST BALL STREET
CITY-ST-ZIP PLANT CITY FL

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME BARBARA D. PORTER
1.3 STREET ADDRESS 4603 W. BUGG RD
1.4 CITY-ST-ZIP PLANT CITY, FL 33567

TITLE TDP ☐ DELETE

NAME PORTER, VERNON
STREET ADDRESS 402 WEST BALL STREET
CITY-ST-ZIP PLANT CITY FL

2.1 TITLE ☐ Change ☐ Addition

TITLE VSD ☐ DELETE

NAME PORTER, GLENDON R
STREET ADDRESS 402 WEST BALL STREET
CITY-ST-ZIP PLANT CITY FL

2.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME PORTER, GAYLE Y
STREET ADDRESS 402 WEST BALL STREET
CITY-ST-ZIP PLANT CITY FL

2.3 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME PORTER, MYRTICE S
STREET ADDRESS 402 WEST BALL STREET
CITY-ST-ZIP PLANT CITY FL

2.4 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.5 NAME ☐ Change ☐ Addition

2.6 NAME
2.7 STREET ADDRESS
2.8 CITY-ST-ZIP

14. I do 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.

SIGNATURE

[Signature]

[Signature]

CR2E034 (9/96)