FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:15

DOCUMENT # 433968 (5)

1. Corporation Name
PORT PROPERTIES, INC

Principal Place of Business	Mailing Address
~~1844 MAIN ST.~~ ~~SARASOTA FL 34230~~	~~1844 MAIN ST.~~ ~~SARASOTA FL 34230~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1973
3a. Date of Last Report: 06/14/1994

2. Principal Place of Business
21 c/o JOHN C. DENT, JR.
22 Suite, Apt. #, etc. 330 S. Orange Ave.
23 City & State: Sarasota, FL
24 Zip: 34236 Country: 25

2a. Mailing Address
26 c/o John C. Dent, Jr.
27 Suite, Apt. #, etc. P.O. Box 3269
28 City & State: Sarasota FL
29 Zip: 34230-3269 Country:

4. FEI Number: 65-0134149 ☐ 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

9. Name and Address of Current Registered Agent

DENT, JOHN C. JR.
~~1844 MAIN ST.~~
~~SARASOTA FL 34230~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 330 South Orange Avenue
83
84 City: Sarasota FL 85 Zip Code: 34236

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 _____ 3-20-95
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	PD	1.1 TITLE	☑ Change ☐ Addition
NAME	DENT, JOHN C. JR.	1.2 NAME	
STREET ADDRESS	~~1844 MAIN ST.~~	1.3 STREET ADDRESS	330 S. Orange Ave
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	GINSBURG, ARTHUR D.	2.2 NAME	
STREET ADDRESS	2033 MAIN ST., 600	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	CONRAD, RICHARD T.	3.2 NAME	
STREET ADDRESS	501 VILLAGE GREEN PKWY 6	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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 added by an attachment with an asterisk.

SIGNATURE: _____ 3-20-95 (813) 952-1070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN C. DENT, JR., PRESIDENT

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