

FILED
Apr 08 1998 8:00am
Secretary of State

DOCUMENT # F06903 (1)
1. Corporation Name
P-5 CORPORATION

Principal Place of Business	Mailing Address
1801 COWART ROAD PLANT CITY FL 33567-8118	1601 COWART ROAD PLANT CITY FL 33567-8118

2. Principal Place of Business		2a. Mailing Address	
21		26	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22		27	
	City & State		City & State
23		28	
	Zip Country		Zip Country
24	25	29	30

3. Date Incorporated or Qualified 11/25/1980			
4. FEI Number 59-2050976	<table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For			
Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent	
PORTER, ROBERT P 1601 COWART RD PLANT CITY FL	81 Name
	82 Street Address
	83
	84 City

10. Name and Address of New Registered Agent

_____ (P.O. Box Number is Not Acceptable)

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 reinstalling)

DATE _____

12. OFFICERS AND DIRECTORS			13.	
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	
NAME	ROBERT P. PORTER		1.2 NAME	
STREET ADDRESS	1601 COWART RD		1.3 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY, FL 00000		1.4 CITY - ST - ZIP	
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME	PORTER, LOUISE B		2.2 NAME	
STREET ADDRESS	1601 COWART RD		2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY, FL 00000		2.4 CITY - ST - ZIP	
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME	PORTER JR., ROBERT P.		3.2 NAME	
STREET ADDRESS	1601 COWART RD.		3.3 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY FL		3.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITY - ST - ZIP	

[illegible]

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.

SIGNATURE: Robert P. Porter Robert P. Porter 4-2-98 (813) 737-1766

CR2E034 (10/97)