SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F95000000070 (1)**

1. Corporation Name
PORTER CONSTRUCTION MANAGEMENT, INC.

Principal Place of Business	Mailing Address
403 LEAS LN PALM HARBOR FL 34683	403 LEAS LN PALM HARBOR FL 34683

3. Date Incorporated or Qualified: 01/05/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 GAITHERSBURG, MD	26 7411A LINDBERGH DR
Suite, Apt. #, etc. 22 7411A LINDBERGH DR	Suite, Apt. #, etc. 27
City & State 23 GAITHERSBURG, MD	City & State 28 GAITHERSBURG, MD
Zip 24 20879 Country 25 MONTGOMERY	Zip 29 20879 Country 30 MONTGOMERY

4. FEI Number: 52-1864422 ☐ 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

PORTER, ROBERT H
403 LEAS LN
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name: BETTY KREMPASKY
82 Street Address (P.O. Box Number is Not Acceptable): 1920 54TH ST WEST
83
84 City: BRADENTON **FL** 85 Zip Code: 34209

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: BETTY KREMPASKY — Betty Krempasky — 6/15/96
Signature, Type/Print 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PCVC PORTER, ROBERT H JR 7411-A LINDBERGH DR GAITHERSBURG MD 20879	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST PORTER, ROBERT H JR 7411-A LINDBERGH DR GAITHERSBURG MD 20879	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMMONS, CURTIS 7411-A LINDBERGH DR GAITHERSBURG MD 20879	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAGE, THOMAS E 7411-A LINDBERGH DR GAITHERSBURG MD 20879	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PLUNKETT, BARRY 7411-A LINDBERGH DR GAITHERSBURG MD 20879	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: [signature] 6/26/96 301-670-0988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #