FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEFARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

F95000000070 (1)

PORTER CONSTRUCTION MANAGEMENT, INC.

FILED May 21 1998 8:00am Secretary of State



7411A LINDBERGH DR GAITHERSBURG IND 20879 US			7411A LINDBERGH DR GAITHERSBURG MD 20879 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/05/1995			
			failing Address			4. FEI Number		Applied For	
21 25 Suite, Apt. #, etc			Suite, Apt. #, etc.			52-1864422			
22	_	27	J···¬			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat		City & 28	State			Election Campaign Financing Trust Fund Contribution		May Be od to Fees	
Zip 24	Country 25	2φ		Countr	/	8. This corporation owes or has paid the current year Intangible Personal Property Tex due June 30. Yes No			
=:1	9. Name and Address of Current		gent	1991		10. Name and Address of New Register			
PL	UNKETT, OSCAR			81	Name		· · · ·		
2406 De lwebb Blvd. E. Sun Ci ty Center Fl 33573				82	Street Ac	Street Address (P.O. Box Number is Not Acceptable)			
00	M OH I CENTER PE 35075			83					
				84	City		85 Zi	p Code	
agent. I a	registered agent, or both, in the State on familiar with, and accept the obligation of register regions.	tions of, Sectio	n 607. 0 505, F	torida Statute	S.	ration's board of directors. Thereby accept the		ás registered	
12.	OFFICERS AND	DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	PCVC		L_ DELUTE	1.1 THTLE			☐ Chang	e 🔲 Addition	
NAME	PORTER, ROBERT H JR 7411-A LINDBERGH DR			1.2 NAME					
STREET ADDRESS CITY-ST-ZIP	GAITHERSBURG MD 20879			1.3 STREE 1.4 CITY -	ADDRESS				
TITLE	V		DELETE	2.1 TiTLE	51 - ZIP		[] Chang	e Addition	
NAME	PLUNKETT, BARRY			2.2 NAME					
STREET ADDRESS	7411-A LINDBERGH DR			2 3 STREE	ADDRESS				
CITY-ST-ZIP	GAITHERSBURG MD 20879			2.4 CITY-	S1 - ZIP		····		
TITLE	GFO		DELETE	3.1 TITLE			L Chang	e L. Addition	
NAME Street address	SHILLING, DAVID 1411-A LINDARROH	OR.		3 2 NAME	ADDRESS				
CITY-ST-ZIP	CAITHER SEVER MD			3.3 STREE.					
TITLE			☐ DELE TE	4 1 11TLE	31-21	***************************************	Change	e Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREE	ADDRESS				
CITY-ST-ZIP				4.4 CITY - S	T-ZIP				
TITLE			☐ DELFTE	5.1 TITLE			Change	Addition	
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREE					
CITY-ST-ZIP			DELETE	5.4 CITY - 5	1 - ZIP		[] AL.	44.00	
TITLE			☐ DELETE	6.1 TITLE			L Change	Addition	
NAME PERFET ADDRESS				6.2 NAME	ADDRESS.				
STREET ADDRESS				6.3 STREET					

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 of 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.