

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90012 024 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F95000000070V			
1. Corporation Name PORTER CONSTRUCTION MANAGEMENT, INC.			
Principal Place of Business 7411A LINDBERGH DR GAITHERSBURG MD 20879 US		Mailing Address 7411A LINDBERGH DR GAITHERSBURG MD 20879 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country
9. Name and Address of Current Registered Agent PLUNKETT, OSCAR 2406 DELWEBB BLVD. E. SUN CITY CENTER FL 33573		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCVC	1.1 TITLE	Change Addition
NAME	PORTER, ROBERT H JR	1.2 NAME	
STREET ADDRESS	7411-A LINDBERGH DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG MD 20879	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	Change Addition
NAME	PLUNKETT, BARRY	2.2 NAME	
STREET ADDRESS	7411-A LINDBERGH DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG MD 20879	2.4 CITY-ST-ZIP	
TITLE	CFO	3.1 TITLE	Change Addition
NAME	SHILLING, DAVID	3.2 NAME	
STREET ADDRESS	7411-A LINDBERGH DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG MD 20879	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 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: *David Shilling*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/19/99  
Daytime Phone #: 1301-670-0988

CR2E034 (5/99)

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