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).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

PORTER CONSTRUCTION MANAGEMENT, INC.

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

07-29-1999 90012 024 ***550.00



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Principal Place		Mailing Address								
7411A LINDBEI		7411A LINDBERGH DR GAITHERSBURG MD 2081	79							
GAITHERSBURG MD 20879 US		US				DO NOT WRITE IN THIS SPACE				
30		₩ .			'	3. Date Incorporated or Qualified				
					!	01/05/1995				
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		\neg	Applied	For
21	200 01 20011000	26				52-1864422	Not Applicable			
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75 Additional			
22	The same of the sa	27	·	~		5: Certificate of Status Desired		Fed	e Require	d
City & State		City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution		•	led to Fee	
Zip	Country	Zip	Cou	intry		8. This corporation owes the curren	t year			-
24	25	29	30			Intangible Personal Property	_ L	Yes	No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered A	gent		
				81	Name	. —				,
	INKETT, OSCAR		82 Street Add			dress (P.O. Box Number is Not Acceptable)				
_	6 DELWEBB BLVD. E.		182			NOTES (F.O. DOX MUTHURE IS NOT MODERNADIR)				
SUN	N CITY CENTER FL 33573			83				_		_
								Tart	7:- 6 /	
				84	City		FL	85	Zip Code	
## Dumuent	to the provisions of sections 607.0502	and 607 1508 Florida Statut	os the at	nove-n	amed comora	ation submits this statement for the pur	ose of cha	naina i	ts register	ed
office or a	registered agent, or both, in the State o	of Florida. Such change was	authorize	ed by ti	he corporation	n's board of directors. I hereby accept	the appoint	ment a	s register	ed
agent. I a	am familiar with, and accept the obligat	tions of, section 607.0505, Fl	orida Sta	itutes.						
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if apolionbla (h	OTE: Basiete	erod Ano	nt signature requir	ed when reinstating)	DATE			
12.	OFFICERS AND		13.	orou regu	in agricioro rodan	ADDITIONS/CHANGES TO OFFI		DIRE	CTORS II	12
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NAME	7411-A LINDBERGH DR		1	TREET AL	nnocee					+
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NAME	SHILLING, DAVID		3.2 N	AME						
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44 I haroby co	ertify that the information supplied with t	this tiltha does not quality for	the exem	ntion s	rateo in sectio	on 119.07(3)(1), Fiorida Statutes, I furth	er centify th	at ine i	.เมษากาลขด	41

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