FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 10 PM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # G33107 (5)

1. Corporation Name
PORTREE CORP.

Principal Place of Business	Mailing Address
%JAMES W. PEEPLES, III 505 N. ORANGE AVENUE COCOA BEACH FL 32932-7757	%JAMES W. PEEPLES, III 505 N. ORANGE AVENUE COCOA BEACH FL 32932-7757

3. Date Incorporated or Qualified: **04/13/1983**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2342099** ☐ 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

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

9. Name and Address of Current Registered Agent

PEEPLES III, JAMES W.
505 N. ORLANDO AVENUE
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS	
TITLE	DPST
NAME	PEEPLES III, JAMES W.
STREET ADDRESS	505 N. ORLANDO AVE.
CITY-ST-ZIP	COCOA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (blank — Title / Name / Street Address / City-St-Zip, ☐ Change ☐ Addition)

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)(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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James W. Peeples III

5-4-95 (Date) 407-783-2218 (Daytime Phone #)

0420800 FP