

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 10 11:10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G33107** (5)

1. Corporation Name
PORTREE CORP.

Principal Office of Record:

**JAMES W. PEEPLES, III
505 N. ORANGE AVENUE
COCOA BEACH FL 32932-7757**

Mailing Address:

**JAMES W. PEEPLES, III
505 N. ORANGE AVENUE
COCOA BEACH FL 32932-7757**

DO NOT WRITE IN THIS SPACE

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 interstate tax under U.S. 1141(d)(2) Florida Statutes ☐ Yes ☒ No	

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

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. City	
84. State	FL
85. Zip	

11. Pursuant to the provisions of Sections 607.01(1) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent or registered agent of record in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of the corporation and accept the obligations of Section 607.01(1), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	DPST PEEPLES III, JAMES W. 505 N. ORLANDO AVE. COCOA BEACH FL
STREET ADDRESS	
CITY AND STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY AND STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY AND STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY AND STATE	
ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY AND STATE	
5. ZIP	
6. NAME	
7. STREET ADDRESS	
8. CITY AND STATE	
9. ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY AND STATE	
13. ZIP	
14. NAME	
15. STREET ADDRESS	
16. CITY AND STATE	
17. ZIP	
18. NAME	
19. STREET ADDRESS	
20. CITY AND STATE	
21. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.03(1)(b), Florida Statutes. I further certify that the information is set forth in 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 person or persons empowered to execute this report as required by Chapter 147, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

James W. Peeples III

5-4-95 407-783-2218