**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 10 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # G60638 (5)G. A. PORTER ROOFING CONTRACTOR, INC. Principal Place of Business Mailing Address 4702 W. MARTIN LUTHER KING JR. BLVD. 4702 W. MARTIN LUTHER KING JR. BLVD TAMPA FL 33614 TAMPA FL 33614 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/22/1983 Applied For 2. Principal Place of Business 2a. Mailing Address 21 59-2323357 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HUERTAS, JANICE F. 4702 W. MARTIN LUTHER KING JR. BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33614** 83 84 City 85 Zip Code Pursuant to the provisions of Sections 607.05.02 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. Lam familiar with, and accept the objection 607.0505. Florida Statutes. 12. DELETE Change Addition TITLE 1.1 TITLE NAME **HUERTAS. JANICE** 1.2 NAME 2512 REGAL OAKS LN STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP LUTZ FL 1.4 CITY - ST-ZIP DELETE Addition TITLE 21 TITLE PORTER, GEORGE A., JR. NAME 2.2 NAME 3006 W PARIS STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TETLE **HUERTAS, EDWIN** NAME 3.2 NAME 2512 REGAL OAKS LN STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP LUTZ FL 34 CITY-ST-ZIP Addition DELETE Change TITLE 4 1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP

DELETE

does not au

6.1 TITLE 62 NAME

6.3 STREET ADDRESS

SIGNATURE

14. Thereby certify that the information supplied with this this indicated on this annual report or supplemental annual pofficer or director of the corporation of the receiver a visible k 12 or Block 13 if changing a primariation by the supplementary of the corporation of the co

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information courate and that my signature shall have the same legal effect as if made under oath; that I am an o execute this report as required by Chapter 697, Florida Statutes; and that my name appears in

Change

Addition