## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1, Corporation Name

**J30968** 

(8)

## PORTERFIELD CONSTRUCTION, INC.

**FILED** Jan 29 1997 8:00am Secretary of State



Delegation of Disc.	o of Gracinasa	Modifier Address					BINIT BINE	
Principal Place of Business 9413 NW 62 LANE		_	Mailing Address		1 - 12 - 11 - 11 - 11 - 11 - 11 - 11 -	i biller gibte		
9413 NW 62 LANE GAINESVILLE FL 32653		9413 NW 62 LANE GAINESVILLE FL 3						
US		US			• O	<b>10</b> 5	(1 \ D-	
					3. Date Incorporated or Qualified 08/29/1986	3a. Date o		eport
2. Principal F	Place of Business	2a. Mailing Addres	SS		4. FEI Number	1 01/31/		olied For
21		26			59-2721705		<del></del>	Applicable
Suite, Apt. #, etc.		Su.te, Apt. #, etc.		5. Certificate of Status Desired	□ \$	<u> </u>	dditional	
2		27			5. Certificate of Status Desired	<u></u>	Fee Re	quired
City & Staf	te	City & State			6. Election Campaign Financing		5.00	
Zip	Country	28	Cou	ntn/	Trust Fund Contribution		Added to	
2.1)	25	29	30	i iu y	8. This corporation has liability for Florida Statutes	iptangible tax Yes N		199.032,
4	9. Name and Address of Cur		[30]		10. Name and Address of New Re			
PΩ	RTERFIELD, KEVIN D	·····	······································	81 Name		<u>.</u>		· · · · · · · · · · · · · · · · · · ·
	13 NW 62 LANE			82 Street Add	Iress (P.O. Box Number is Not Acceptal	اهاد		
	INESVILLE FL 32653			Sileet Add	riess (F.O. Dox Hornber is Not Acceptal	ле,		
				83				
				84 City		8	Zip (	'ode
				Oity		FL i°	2 E.P.	AJG C
		, , , , , , , , , , , , , , , , , , , ,			poration submits this statement for the pation's board of directors. I hereby acce			
SIGNATURE	Styriar in the cure pratect name of registered			d Agent signature requ		DATE	RECTOR	S IN 12
SIGNATURE	Separate que o equalidades de espérance OFFICERS	d agent and cite if applicable.	(NOTE Registered	d Agent signature requ	ired when reinstating)	DATE CERS AND DIF	RECTOR:	
SIGNATURE  12.  TITLE	Signar on the large product manual registrates OFFICERS DP PORTERFIELD, KEVIN D.	d agent and alle if applicable. AND DIRECTORS	(NOTE Registered	d Agont signature requ	ired when reinstating)	DATE CERS AND DIF		
SIGNATURE  12.  TITLE NAME	Signar on the Life product name of regions of OFFICERS  DP  PORTERFIELD, KEVIN D.  9413 NW 62 LANE	d agent and alle if applicable. AND DIRECTORS	(NOTE Registerer 13. ETE 1.1 TI 1.2 No	d Agont signature requ	ired when reinstating)	DATE CERS AND DIF		
SIGNATURE  12.  TITLE NAME  STREET ADDRESS CHY-ST-ZIP	Signar on the large product manual registrates OFFICERS DP PORTERFIELD, KEVIN D.	d ages if and die if applicable. AND DIRECTORS	(NOTE Registered  13. ETE 1.1 TI 1.2 N/ 1.3 Si 1.4 Cl	TAgent signature requires  TLE  WME  REET ADDRESS  TY-ST-ZIP	ired when reinstating)	DATE CERS AND DIF	Change	Additio
SIGNATURE  12. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	Signar on the Life product name of regions of OFFICERS  DP  PORTERFIELD, KEVIN D.  9413 NW 62 LANE	d agent and alle if applicable. AND DIRECTORS	(NOTE Ragisterer  13. ETE 1.1 TI 1.2 N/ 1.3 ST 1.4 CI ETE 21 TI	TAgent signature required to the signature r	ired when reinstating)	DATE CERS AND DIF		Additio
SIGNATURE  12.  TITLE NAME STPEET ADDRESS CHY-ST-ZIP TITLE NAME	Signar on the Life product name of regions of OFFICERS  DP  PORTERFIELD, KEVIN D.  9413 NW 62 LANE	d ages if and die if applicable. AND DIRECTORS	(NOTE Ragisterer  13.  11. TI  1.2 NV  1.3 ST  1.4 CI  ETE 21 TI  22 NV	TAgont signature required to the signature r	ired when reinstating)	DATE CERS AND DIF	Change	Addition
SIGNATURE  12.  TILE NAME STREET ADDRESS CHY-ST-ZIP TILE NAME STREET ADDRESS	Signar on the Life product name of regions of OFFICERS  DP  PORTERFIELD, KEVIN D.  9413 NW 62 LANE	d ages if and die if applicable. AND DIRECTORS	(NOTE Ragistered  13.  11. TI  1.2 N/  1.3 ST  1.4 CI  ETE 21 TI  22 N/ 23 ST	TAGONI SIGNATURE REQUIRED TO THE MANE REET ADDRESS TY-ST-ZIP TLE MANE REET ADDRESS	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIF	Change	Addition
SIGNATURE  12.  TILE  NAME  STREET ADDRESS  CHY-ST-ZIP  NAME  STREET ADDRESS  CHY-ST-ZP	Signar on the Life product name of regions of OFFICERS  DP  PORTERFIELD, KEVIN D.  9413 NW 62 LANE	d ages if and die if applicable. AND DIRECTORS	(NOTE Registerer  13.  11. TI  1.2 NV  1.3 ST  1.4 CI  21 TI  22 NV  23 ST  2 4 C	TAGONI SIGNATURE REQUIRED TO SERVICE STATE OF SERVICE STA	ired when reinstating)	DATE CERS AND DIF	Change	Additio
SIGNATURE  12.  TITLE NAME STIPEET ADDRESS CHY-ST-ZIP TITLE NAME	Signar on the Life product name of regions of OFFICERS  DP  PORTERFIELD, KEVIN D.  9413 NW 62 LANE	age of and allost applicable.  AND DIRECTORS  DELU  DELU  DELU	(NOTE Ragistered  13.  11. TI 1.2 N/ 1.3 ST 1.4 CI ETE 21 TI 22 N/ 23 ST 2 4 C	TAGORI SIGNATURE REQUIRED TO THE MANE REET ADDRESS TY-ST-ZIP THE MANE REET ADDRESS TY-ST-ZIP THE TAGET ADDRESS TY-ST-ZIP THE TAGET ADDRESS	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIF	Change Change	Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signar on the Life product name of regions of OFFICERS  DP  PORTERFIELD, KEVIN D.  9413 NW 62 LANE	age of and allost applicable.  AND DIRECTORS  DELU  DELU  DELU	(NOTE Registerer  13.  ETE 1.1 II 1.2 N/ 1.3 ST 1.4 CI ETE 21 TI 22 N/ 23 ST 2 4 C ETE 31 TI 32 N/	TAGORI SIGNATURE REQUIRED TO THE MANE REET ADDRESS TY-ST-ZIP THE MANE REET ADDRESS TY-ST-ZIP THE TAGET ADDRESS TY-ST-ZIP THE TAGET ADDRESS	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIF	Change Change	Additio
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CHY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME	Signar on the Life product name of regions of OFFICERS  DP  PORTERFIELD, KEVIN D.  9413 NW 62 LANE	d age of and allost applicators  AND DIRECTORS  DELU  DELU  DEL	(NOTE Registered  13.  ETE 1.1 II 1.2 N/ 1.3 ST 1.4 CI ETE 21 TI 22 N/ 23 ST 2 4 C ETE 31 TI 32 N/ 3.3 ST 3.4 C	J Agont signature required to the signature requirement of the signature r	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIF	Change Change Change	Additio
SIGNATURE  12.  THE NAME STREET ADDRESS CHY-ST-ZIP THE NAME STREET ADDRESS CHY-ST-ZIP THE NAME STREET ADDRESS CHY-ST-ZIP THE	Signar on the Life product name of regions of OFFICERS  DP  PORTERFIELD, KEVIN D.  9413 NW 62 LANE	age of and allost applicable.  AND DIRECTORS  DELU  DELU  DELU	(NOTE Registerer  13.  14. 11  1.2 N/  1.3 ST  1.4 CI  22 N/  23 ST  2 4 C  ETE 31 TI  32 N/  3.3 ST  3.4 C  ETE 4.1 TI	TAGORI SIGNATURE REQUIRED TO THE STATE OF TH	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIF	Change Change	Additio
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signar on the Life product name of regions of OFFICERS  DP  PORTERFIELD, KEVIN D.  9413 NW 62 LANE	d age of and allost applicators  AND DIRECTORS  DELU  DELU  DEL	(NOTE Registered  13.  14.  1.1 II  1.2 N/  1.3 ST  1.4 CI  22 N/  23 ST  2 4 C  ETE 31 TI  32 N/  3.3 ST  3.4 C  ETE 4.1 II  4.2 N/	J Agont signature required.  FLE  MME  REET ADDRESS  TY - ST - ZIP  FLE  AME  REET ADDRESS  ITY - ST - ZIP  FLE  AME  REET ADDRESS  ITY - ST - ZIP  FLE  AME  AME  AME  AME  AME  AME  AME  A	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIF	Change Change Change	Additio
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signar on the Life product name of regions of OFFICERS  DP  PORTERFIELD, KEVIN D.  9413 NW 62 LANE	d age of and allost applicators  AND DIRECTORS  DELU  DELU  DEL	(NOTE Registered  13.  14.  1.1 II  1.2 N/  1.3 ST  1.4 CI  2.1 TI  2.2 N/  2.3 ST  2.4 CC  ETE  3.1 TI  3.2 N/  3.3 ST  3.4 CC  ETE  4.1 II  4.2 N/  4.3 ST	J Agont signature required.  FLE  MME  REET ADDRESS  TY - ST - ZIP  FLE  AME  REET ADDRESS  ITY - ST - ZIP  TLE  MME  ITY - ST - ZIP  TLE  MME  ITY - ST - ZIP  TLE  AME  AME  REET ADDRESS  ITY - ST - ZIP  FLE  AME  REET ADDRESS	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIF	Change Change Change	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signar on the Life product name of regions of OFFICERS  DP  PORTERFIELD, KEVIN D.  9413 NW 62 LANE	Lagrand and the flapplicates.  AND DIRECTORS  DELU  DELU  DEL	(NOTE Registerer  13.  14. 11. 11. 11. 12. N/ 1.3. 87. 1.4. CI ETE 21. 17. 22. N/ 23. ST 2. 4. C ETE 31. TI 32. N/ 3.3. S 3.4. C ETE 4.1. TI 4.2. N/ 4.3. S 4.4. C	J Agont signature required.  FLE  MME  REET ADDRESS  TY-ST-ZIP  FLE  AME  REET ADDRESS  ITY-ST-ZIP  TLE  MME  ITY-ST-ZIP  TLE  AME  AME  REET ADDRESS  ITY-ST-ZIP  FLE  AME  AME  ITY-ST-ZIP  FREET ADDRESS  TY-ST-ZIP	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIF	Change Change Change	Additio
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZP TITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP	Signar on the Life product name of regions of OFFICERS  DP  PORTERFIELD, KEVIN D.  9413 NW 62 LANE	d age of and allost applicators  AND DIRECTORS  DELU  DELU  DEL	(NOTE Registered  13.  14.  1.1 II  1.2 N/  1.3 ST  1.4 CI  2.1 TI  2.2 N/  2.3 ST  2.4 CI  ETE  3.1 TI  3.2 N/  3.3 ST  4.4 CI  4.2 N/  4.3 ST  4.4 CI  ETE  5.1 TI	TAGORI SIGNATURE REQUIRE	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIF	Change Change Change	Addition  Addition
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signar on the Life product name of regions of OFFICERS  DP  PORTERFIELD, KEVIN D.  9413 NW 62 LANE	Lagrand and the flapplicates.  AND DIRECTORS  DELU  DELU  DEL	(NOTE Registered  13.  11. II  1.2 N/  1.3 ST  1.4 CI  22 N/  23 ST  2 4 C  ETE 31 TI  32 N/  33 ST  3.4 C  ETE 4.1 II  4.2 N/  4.3 ST  4.4 CI  ETE 5.1 TI  52 N/	TAGORI SIGNATURE REQUIRE	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIF	Change Change Change	Addition  Addition
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signar on the Life product name of regions of OFFICERS  DP  PORTERFIELD, KEVIN D.  9413 NW 62 LANE	Lagrand and the flapplicates.  AND DIRECTORS  DELU  DELU  DEL	(NOTE Registered  13.  14. 11  1.2 N/  1.3 ST  1.4 CI  ETE 21 T/  22 N/  23 ST  2 4 C  ETE 31 T/  32 N/  3.3 ST  3.4 C  ETE 4.1 T/  4.2 N/  4.3 ST  4.4 C/  5.1 T/  5.2 N/  5.3 ST	TAGORI SIGNATURE REQUIRE	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIF	Change Change Change	Additio
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  C-TY-ST-ZP  TITLE  NAME  STREET ADDRESS  C-TY-ST-ZP	Signar on the Life product name of regions of OFFICERS  DP  PORTERFIELD, KEVIN D.  9413 NW 62 LANE	Lagrand and the flapplicates.  AND DIRECTORS  DELU  DELU  DEL	(NOTE Registered  13.  14.  1.1 II  1.2 N/  1.3 ST  1.4 CI  2.1 TI  2.2 N/  2.3 ST  2.4 CC  ETE 31 TI  3.2 N/  3.3 ST  4.4 CC  ETE 4.1 TI  4.2 N/  4.3 ST  4.4 CC  ETE 5.1 TI  5.2 N/  5.3 ST  5.4 CC	TAGONI SIGNATURE REQUIRED TO THE MANE STATE OF T	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIF	Change Change Change	Addition  Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP	Signar on the Life product name of regions of OFFICERS  DP  PORTERFIELD, KEVIN D.  9413 NW 62 LANE	DEL	(NOTE Registered  13.  14. 11  1.2 N/  1.3 ST  1.4 CI  ETE 21 T/  22 N/  23 ST  2 4 C  ETE 31 T/  32 N/  3.3 ST  3.4 C  ETE 4.1 T/  4.2 N/  4.3 ST  4.4 C/  5.1 T/  5.2 N/  5.3 ST  5.4 C/  5.4 C/  5.4 C/  5.4 C/  5.4 C/  5.5 C/  5.4 C/  5.4 C/  5.4 C/  5.4 C/  5.4 C/  5.5 C/  5.4 C/  5.4 C/  5.4 C/  5.5 C/  5.4 C/  5.4 C/  5.4 C/  5.5 C/  5.4 C/  5.4 C/  5.4 C/  5.5 C/  5.4 C/  5.	TAGORI SIGNATURE REQUIRED TO THE MANE STATE OF T	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIF	Change Change Change Change	Addition  Addition  Addition
SIGNATURE  12.  THE NAME STREET ADDRESS CHY-ST-ZP THEE NAME	Signar on the Life product name of regions of OFFICERS  DP  PORTERFIELD, KEVIN D.  9413 NW 62 LANE	DEL	(NOTE Registered  13.  14. 11  1.2 N/  1.3 ST  1.4 CI  ETE 21 TI  22 N/ 23 ST  2 4 C  ETE 31 TI  32 N/ 3.3 ST  3.4 C  ETE 4.1 TI  4.2 N/ 4.3 ST  4.4 CI  5.1 TI  5.2 N/ 5.3 ST  5.4 CI  ETE 6.1 TI  6.2 N/	TAGORI SIGNATURE REQUIRED TO THE MANE STATE OF T	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIF	Change Change Change Change	S IN 12 Addition Addition Addition Addition Addition

s little does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. Further certify that the stiff annual reports true and accurate and that my signature shall have the same legal effect as if made under oath; that lifter or trustee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name Into hereby carry that in changain supplied with information indicated on this annual report or supple I am an officer or director of the corporation or the appears in Block 12 or Block 13 if changed, or an an

**SIGNATURE** 

THE KEVIN Porterfield 1/28/97 (352)335.1955