SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000057791 (4)**

1. Corporation Name
PORT CONSULTING, INC.

Principal Place of Business	Mailing Address
3890 N. COASTAL HIGHWAY ST. AUGUSTINE FL 32095	3890 N. COASTAL HIGHWAY ST. AUGUSTINE FL 32095

3. Date Incorporated or Qualified: 08/18/1993	3a. Date of Last Report: 08/10/1995
4. FEI Number: 59-3197712	☐ 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	2a. Mailing Address
21 10151 Deerwood Park Blvd.	26 10151 Deerwood Park Blvd.
Suite, Apt. #, etc 22 Bldg. 100 Suite 120	Suite, Apt. #, etc 27 Bldg. 100 Suite 120
City & State 23 Jacksonville, FL	City & State 28 Jacksonville FL
Zip / Country 24 32256 / 25 USA	Zip / Country 29 32256 / 30 USA

9. Name and Address of Current Registered Agent

MCMENAMY, WILLIAM B
2925 BARNETT CENTER
50 NORTH LAURA ST.
JACKSONVILLE FL 32202

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. Pursuant to the provisions of Sections 607.0502 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	FRANCIS, JEFFERY G		12 NAME	
STREET ADDRESS	3890 N. COASTAL HIGHWAY		13 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095		14 CITY-ST-ZIP	
TITLE	DVS	☐ DELETE	21 TITLE	☒ Change ☐ Addition
NAME	VAUGHAN, JOHN H		22 NAME	
STREET ADDRESS	611 PONTE VEDRA LAKES BLVD., #2602		23 STREET ADDRESS	8787 Southside Blvd. Apt #-4309
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		24 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Jeffery G Francis Jeffery G Francis 7/16/96 904-826-1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #