FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000005200 (8)

1. Corporation Name

PORTER COASTAL CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
108 TOBACCO SINK ROAD CRAWFORDVILLE FL 32327	108 TOBACCO SINK ROAD CRAWFORDVILLE FL 32327

3. Date Incorporated or Qualified: **01/17/1994**
3a. Date of Last Report: **07/14/1995**

2. Principal Place of Business	2a. Mailing Address
21 96 Shadeville Rd	26 P.O. Box 1623
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Crawf, FL 32327	City & State 28 Crawf. FL 32326
Zip 24 32327 — Country 25 U.S.A.	Zip 29 32326 — Country 30 U.S.

4. FEI Number: **59-3223028** ☐ 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

9. Name and Address of Current Registered Agent

GLOVER, RICHARD A
108 TOBACCO SINK ROAD
CRAWFORDVILLE FL 32327

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 ____________ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PORTER, JOHN H	1.2 NAME	
STREET ADDRESS	108 TOBACCO SINK ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	FELT, MARVIN D JR	2.2 NAME	LAST NAME IS: PELT
STREET ADDRESS	108 TOBACCO SINK ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	O'GRADY, MICHAEL	3.2 NAME	
STREET ADDRESS	108 TOBACCO SINK ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	3.4 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PELT, JONNIE M.	4.2 NAME	
STREET ADDRESS	44 KIMBERLY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jonnie M. Pelt Jonnie M. Pelt 6-19-96 904-926-3851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)