FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 11:07

DOCUMENT # **P94000010541 (8)**

1. Corporation Name
ALL PORTS, INC.

Principal Place of Business	Mailing Address
~~2001 W BUSCH BLVD #240~~ ~~TAMPA FL 33618-4500~~	~~2001 W BUSCH BLVD #240~~ ~~TAMPA FL 33618-4500~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1994
3a. Date of Last Report:

2. Principal Place of Business (21, 22, 23): 9417 North Blvd., Tampa, FL 33612
Zip (24) County (25)

2a. Mailing Address (26, 27, 28): 9417 North Blvd., Tampa, FL 33612
Zip (29) County (30)

4. FEI Number: 59-3156378 ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~LITTLE, JEROLD A~~ ~~2001 W BUSCH BLVD #240~~ ~~TAMPA FL 33618-4500~~	81 82 **L K Carden** (mber is Not Acceptable) 83 9417 North Blvd. Tampa, FL 33612 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: L K Carden 6/16/95
Signature, type or print the name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☑ Change ☐ Addition
NAME	CARDEN, L K	12 NAME	
STREET ADDRESS	~~2001 W BUSCH BLVD #240~~	13 STREET ADDRESS	9417 North Blvd.
CITY-ST-ZIP	~~TAMPA FL 33618-4500~~	14 CITY-ST-ZIP	Tampa, FL 33612
TITLE	S	21 TITLE	☑ Change ☐ Addition
NAME	~~LITTLE, J A~~	22 NAME	**DELETE**
STREET ADDRESS	~~2001 W BUSCH BLVD #240~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~TAMPA FL 33618-4500~~	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), Florida Statutes. I further certify that the information indicated on the 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: L K Carden 6/16/95 (813) 935-8944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0296533 CP