

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

FILED

Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000066676 (4)

1. Corporation Name  
HAL PORTER TAX CONSULTANTS, INC.



Principal Place of Business

~~2965 S.W. BRIGHTON WAY  
PALM CITY FL 34990~~

1000 BEAR ISLAND DRIVE  
WEST PALM BEACH, FLORIDA

Mailing Address

~~2965 S.W. BRIGHTON WAY  
PALM CITY FL 34990~~

1000 BEAR ISLAND DRIVE  
WEST PALM BEACH, FLORIDA 33409-2011

2. Principal Place of Business 33409-2011

21 1000 BEAR ISLAND DRIVE  
Suite, Apt. #, etc.

22 City & State

23 WEST PALM BEACH, FLORIDA

24 33409-2011

25 PALM BEACH

2a. Mailing Address

26 1000 BEAR ISLAND DRIVE  
Suite, Apt. #, etc.

27 City & State

28 WEST PALM BEACH, FLORIDA

29 33409

30 PALM BEACH

3. Date Incorporated or Qualified  
08/29/1995

3a. Date of Last Report  
03/26/1996

4. FEI Number  
65-0608651

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

PORTER, HAL  
~~2965 S.W. BRIGHTON WAY  
PALM CITY FL 34990~~  
1000 BEAR ISLAND DRIVE  
WEST PALM BEACH, FLORIDA 33409-2011

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME PORTER, HAL  
STREET ADDRESS ~~2965 S.W. BRIGHTON WAY~~ 1000 BEAR ISLAND DR  
CITY-ST-ZIP ~~PALM CITY FL 34990~~ WEST PALM BEACH 33409-2011

TITLE ☐ DELETE  
NAME PORTER, EILEEN D  
STREET ADDRESS ~~2965 S.W. BRIGHTON WAY~~ 1000 BEAR ISLAND DR  
CITY-ST-ZIP ~~PALM CITY FL 34990~~ WEST PALM BEACH FLA 33409-2011

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE:

Hal Porter  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97 561-615-7131

Date

Daytime Phone #

CR2E034 (9/96)