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Mar 21 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 # P96000017016 (2)

1. Corporation Name

PORTIVENT MOBILE HOME SERVICE AND SUPPLY, INC.

Principal Place of Business

715 BOB LITTLE ROAD  
PANAMA CITY FL 32404

Mailing Address

715 BOB LITTLE ROAD  
PANAMA CITY FL 32404-5901



2. Principal Place of Business

21 9002 Kiwi Lane

Suite, Apt. #, etc.

22 City & State

23 Youngstown, FL

24 32466

25 Bay

2a. Mailing Address

26 9002 Kiwi Lane

Suite, Apt. #, etc.

27 City & State

28 Youngstown, FL

29 32466

30 Bay

3. Date Incorporated or Qualified

02/21/1996

3a. Date of Last Report

4. FEI Number

59-3368288

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

HESS, BRIAN D  
9108 FRONT BEACH ROAD  
PANAMA CITY BEACH FL 32407

10. Name and Address of New Registered Agent

81 Name

Same

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 of corporation or officer or director (delete as applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE

D PORTIVENT, MARSHALL

12 NAME

715 BOB LITTLE ROAD

13 STREET ADDRESS

14 CITY-ST-ZIP

D RUSSELL, DAVID

15 NAME

715 BOB LITTLE ROAD

16 STREET ADDRESS

17 CITY-ST-ZIP

D PORTIVENT, KIM

18 NAME

715 BOB LITTLE ROAD

19 STREET ADDRESS

20 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

25 TITLE

26 NAME

27 STREET ADDRESS

28 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

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 included 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:

Kim S. Portivent

3-5-97

(904)722-7610

Date

Daytime Phone #

0052317

CR2E034 (9/96)