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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000028198 (4) DOCUMENT

PORTER STREET, INC.

FILED Jul 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 393 N. TEMPLE AVE. 393 N. TEMPLE AVE STARK FL 32091 STARK FL 32091 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/28/1997 Applied For 26 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 Count 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes ☐ No 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) 82 TALLAHASSEE FL 32301-2525 83 84 City 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) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE 11 THLE ☐ Change TITLE STRICKLAND, BETTY J 1.2 NAME NAME 393 N. TEMPLE AVE. STREET ADDRESS 1.3 STREET ADDRESS 393 N **STARK FL 32091** CITY-ST-ZIP 1.4 CITY - ST- ZIP DELFTE Change 2.1 TITLE TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE 3 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE __ Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 10TLE 500002582705 -07/08/98--01040--011 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS ***150.00 6.4 CITY-ST-ZIP CATY-ST-7/P

14. Thereby 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 of applemental annual report is top 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 for the receiver by trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if char Ill vdla 0