

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90003 001 ***550.00

DOCUMENT # P97000055521
Corporation Name
Porter Rogers MASONRY/NANCY Lee
Duquette & ASSOC

Principal Place of Business

Mailing Address

917 TEATRO CT
ORLANDO, FL 32807

DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

917 TEATRO CT

917 TEATRO CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32807 25 US

Zip

32807 30 US

3. Date Incorporated or Qualified

6-23-97

4. FEI Number

59-3455009

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Porter Rogers
917 TEATRO CT
ORLANDO, FL 32807

81 Name NANCY Lee Duquette

82 Street Address (P.O. Box Number is Not Acceptable)

917 TEATRO CT

83

84 City ORLANDO

FL

85 Zip Code
32807

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

Nancy Lee Duquette

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS	
PTD	<u>Porter Rogers</u> <input checked="" type="checkbox"/> DELETE
STREET ADDRESS	<u>917 TEATRO CT</u>
ST-ZIP	<u>ORLANDO, FL 32807</u>
STREET ADDRESS	<input type="checkbox"/> DELETE
ST-ZIP	<input type="checkbox"/> DELETE
STREET ADDRESS	<input type="checkbox"/> DELETE
ST-ZIP	<input type="checkbox"/> DELETE
STREET ADDRESS	<input type="checkbox"/> DELETE
ST-ZIP	<input type="checkbox"/> DELETE
STREET ADDRESS	<input type="checkbox"/> DELETE
ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<u>PTD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<u>NANCY Lee Duquette</u>
1.3 STREET ADDRESS	<u>917 TEATRO COURT</u>
1.4 CITY-ST-ZIP	<u>ORLANDO FL 32807</u>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy Lee Duquette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-99 407-380-1660
Date Daytime Phone #

CR2E034 (11/98)