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

PROFIT CORPORATION ANNUAL REPORT **1997** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

S66301

(0)

PORTER TRANSPORT SERVICES, INC.

**FILED** 

Jun 16 1997 8:00am

Secretary of State

Principal Place of Business 7188 RAMOTH DRIVE JACKSONVILLE FL 32226		Mailing Address		ı reactoră sită dirită dirită firir Batat filă	E MANNA BANNA MENANA MANNA BENNA MANNA MANA
		7166 RAMOTH DRIVE JACKSONVILLE FL 322	26-3241	·	
				3. Date incorporated or Qualified 07/15/1991	3a. Date of Last Report 04/18/1996
	ac <b>e of</b> Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. 4	4 oto	26	<del></del>	59-3080267	Not Applicable
<b>─</b> ''' '	#, 8(C.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State	<u></u>	City & State		a Florida O	Fee Required
23	,	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	
24	25	29	30		Yes No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Re	<del>-</del>
POR	ITER, PAUL D.		81 Name		
	B RAMOTH DRIVE		82 Street Add	dress (P.O. Box Number is Not Acceptab	lo)
ORA	INGE PARK, FLO FL 32228		Shoot vide	STEED (F.O. BOX NUMBER IS NOT PICCEPIAD	ie,
			B3		
			84 City		85 Zip Code
agent Lar	n ramiliar with, and accept the ob	oligations of, Section 607.0505,	Florida Statutes.	rporation submits this statement for the pation's board of directors. I hereby accep	•
SIGNATURE	Signature, typed or printed name of registered		OTE: Registered Agent signature requ	ulred when reinstating)	DATE
SIGNATURE			O11 - Registered Agent signature requ	uired when reinstating)  ADDITIONS/CHANGES TO OFFIC	
SIGNATURE	OFFICERS .	agont and tille if applicable (N			ERS AND DIRECTORS IN 12
SIGNATURE 12.	D PORTER, PAUL D	agont and title if applicable (N	13.		ERS AND DIRECTORS IN 12
SIGNATURE 12.	OFFICERS D PORTER, PAUL D 7166 RAMOTH DR.	agont and title if applicable (N	13. 1.1 TOLE		ERS AND DIRECTORS IN 12
SIGNATURE  12.  TILLE  NAME  STREET ADDRESS  CITY- ST-ZIP	OFFICERS  D PORTER, PAUL D 7166 RAMOTH DR. JACKSONVILLE FL	agont and title if applicable (N AND DIRECTORS DELETE	13. 1.1 101E 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP		ERS AND DIRECTORS IN 12  Change Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	D PORTER, PAUL D 7166 RAMOTH DR. JACKSONVILLE FL D	agont and title if applicable (N	13. 1.1 TULE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		ERS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	D PORTER, PAUL D 7166 RAMOTH DR. JACKSONVILLE FL D PORTER, TAMARA J	agont and title if applicable (N AND DIRECTORS DELETE	13. 1.1 TULE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TULE 2.2 NAME		ERS AND DIRECTORS IN 12  Change Addition
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D PORTER, PAUL D 7166 RAMOTH DR. JACKSONVILLE FL D PORTER, TAMARA J 7166 RAMOTH DR.	AND DIRECTORS  DELETE  DELETE  DELETE	13.  1.1 TILLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TILLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TILLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TILLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP		ERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	D PORTER, PAUL D 7166 RAMOTH DR. JACKSONVILLE FL D PORTER, TAMARA J 7166 RAMOTH DR.	AND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TILLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TILLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TILLE		ERS AND DIRECTORS IN 12    Change
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	D PORTER, PAUL D 7166 RAMOTH DR. JACKSONVILLE FL D PORTER, TAMARA J 7166 RAMOTH DR.	DELETE  DELETE  DELETE  DELETE  DELETE	13. 1.1 TILLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TILLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TILLE 5.2 NAME		ERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	D PORTER, PAUL D 7166 RAMOTH DR. JACKSONVILLE FL D PORTER, TAMARA J 7166 RAMOTH DR.	DELETE  DELETE  DELETE  DELETE  DELETE	13. 1.1 1/1LF 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 1/1LE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 1/1LE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-S1-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-S1-ZIP		ERS AND DIRECTORS IN 12    Change
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