

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

FILED

97 JAN 10 AM 10:33

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **S97470**
 1. Corporation Name
PORTA TANK MANUFACTURING, INC.

Principal Place of Business: **2601 HWY 674 EAST RUSKIN, FLA. 33570 US**
 Mailing Address: **P.O. BOX 5317 SUN CITY CENTER, FLA. 33571 US**

2. Principal Place of Business: [21] Suite, Apt. #, etc. [22] City & State [23] Zip Country [24]
 2a. Mailing Address: [26] Suite, Apt. #, etc. [27] City & State [28] Zip Country [29]
 3. Date Incorporated or Qualified: **11/27/1991**
 3a. Date of Last Report: [30]
 4. FEI Number: **59-3096038** 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: **LIVINGSTON, CLIFTON A. 501 HORATIO STREET TAMPA, FLA. 33606**
 10. Name and Address of New Registered Agent: [81] Name: **CARR, PAUL**
 [82] Street Address (P.O. Box Number is Not Acceptable): **602 US HWY 41 N.**
 [83]
 [84] City: **RUSKIN** [85] Zip Code: **FL 33570**

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]* DATE: **12-18-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPTS	1.1 TITLE	[] Change [] Addition
NAME	HUDSON, BILL T.	1.2 NAME	
STREET ADDRESS	1801 TWIN OAKS CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WIMAUMA, FLA. 33598	1.4 CITY-ST-ZIP	[] Change [] Addition
TITLE	VD	2.1 TITLE	[] Change [] Addition
NAME	MUDD, GORDON R.	2.2 NAME	100002058031-1
STREET ADDRESS	1134 OXBOW ROAD	2.3 STREET ADDRESS	-01/14/97--01179--010
CITY-ST-ZIP	WIMAUMA, FLA. 33598	2.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	DS	3.1 TITLE	[X] Change [] Addition
NAME	DRIGGERS, DEAN	3.2 NAME	DV
STREET ADDRESS	2808-30th STREET SE	3.3 STREET ADDRESS	DRIGGERS, DEAN
CITY-ST-ZIP	RUSKIN, FLA. 33570	3.4 CITY-ST-ZIP	2808-30th STREET SE
TITLE		4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	RUSKIN, FLA. 33570
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this statement, or on an attachment, with an address.

SIGNATURE: *[Signature]* DATE: **12/17/96** **813-633-3092**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)