FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S97470** **(6)**

1. Corporation Name
PORTA TANK MANUFACTURING, INC.

Principal Place of Business	Mailing Address
18202 US HWY 301 S WIMAUMA FL 33598	18202 US HWY 301 S WIMAUMA FL 33598

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/27/1991**
3a. Date of Last Report: **03/18/1994**

2. Principal Place of Business
21: 2601-Hwy 674 East
22: Suite, Apt. #, etc.
23: City & State: Ruskin, Fla.
24: Zip: 33570 25: Country: Hills.

2a. Mailing Address
26: P.O. Box 5317
27: Suite, Apt. #, etc.
28: City & State: Sun City Center, Fla.
29: Zip: 33571 30: Country: Hills.

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. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LIVINGSTON, CLIFTON A.
501 HORATIO ST
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name
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 _____ DATE
(Signature, type/print name of registered agent, and title, if applicable) (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	11 TITLE		☐ Change ☐ Addition
NAME	HUDSON, BILL T.	12 NAME		
STREET ADDRESS	1801 TWIN OAKS CIR	13 STREET ADDRESS		
CITY ST ZIP	WIMAUMA FL	14 CITY ST ZIP		
TITLE	DVS	21 TITLE	DV	☒ Change ☐ Addition
NAME	MUDD, GORDON R.	22 NAME	Mudd, Gordon R.	
STREET ADDRESS	1134 OXBOW RD	23 STREET ADDRESS	1134 Oxbow Rd.	
CITY ST ZIP	WIMAUMA FL	24 CITY ST ZIP	Wimauma, Fla. 33598	
TITLE		31 TITLE	DS	☐ Change ☒ Addition
NAME		32 NAME	Driggers, Dean	
STREET ADDRESS		33 STREET ADDRESS	2808-30th Street SE	
CITY ST ZIP		34 CITY ST ZIP	Ruskin, Fla. 33570	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 added to the report or on an attachment with an addition.

SIGNATURE: Bill T. Hudson 2/28/95 831-633-3092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0200010 CP