

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
1996



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

DOCUMENT # V32826 (2)

1. Corporation Name

WILLIAM C. PORTER, P.A.



Principal Place of Business

Mailing Address

EBELING BLDG. #106
10211 WEST SAMPLE RD.
CORAL SPRINGS FL 33065

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10211 WEST SAMPLE RD.
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified
03/20/1992

3a. Date of Last Report
02/16/1995

4. FEI Number
65-0335018

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. 199.03?
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 EBELING BLDG # 214

26 EBELING BLDG. # 214

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 10211 W. Sample Rd

27 10211 W. Sample Rd

City & State

City & State

23 CORAL SPRING, FL

28 CORAL SPRING, FL

Zip

Country

Zip

Country

24 33065

25 USA

29 33065

30

9. Name and Address of Current Registered Agent

PORTER, WILLIAM C.
EBELING BLDG. - #106
10211 WEST SAMPLE RD.
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name PORTER, William C.
82 Street Address (P.O. Box Number is Not Acceptable)
EBELING BLDG. # 214
83 10211 W. Sample Rd.
84 City CORAL SPRING FL 85 Zip Code 33065

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE July 12, 1996

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PORTER, WILLIAM C.	
STREET ADDRESS	10211 W. SAMPLE RD #106	
CITY - ST - ZIP	CORAL SPRING FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	PORTER, William C.
1.4 CITY - ST - ZIP	10211 W. SAMPLE RD #214 CORAL SPRING, FL 33065
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William C. PORTER

DATE

Day(s) & Month

July 12, 1996 (954) 345-0509

CR2E034 (3/96)