

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

DEPARTMENT OF
ADMINISTRATIVE SERVICES
1995



DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
CORPORATION DIVISION

**APPROVED
AND
FILED**

MAY 10 AM 10:35

DOCUMENT # V36936

(5)

PORTER INDUSTRIES, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1. Principal Office of Corporation 6180 FT. CAROLINE RD. JACKSONVILLE FL 32211 US		2. Mailing Address 6180 FT. CAROLINE RD. JACKSONVILLE FL 32211 US		3. Date of Incorporation (or Reincorporation) 05/18/1992		3a. Date of Last Report 03/29/1994	
2. Principal Office of Subsidiary	2a. Mailing Address	4. FID Number 59-3120561		Acquired For Not Applicable			
22. State Agent Name	27. State Agent Title	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
24. 32277	25. FL	29. 32277	30. FL	7. This corporation has liability for intangible tax under S. 199.01, Florida Statute. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent PORTER, MICHAEL T. 6180 FT. CAROLINE RD. JACKSONVILLE FL 32211 32277				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number is Not Applicable)			
				83. City			
				84. State	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.02(1) and 607.15(6), 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 607.02(1), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
12a. NAME	V PORTER, MARK A. 4989 TOPROYAL LANE JACKSONVILLE FL 32211	13a. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12b. STREET ADDRESS	10941 PUTNEY COURT JACKSONVILLE FL 32225	13b. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12c. CITY & STATE	JACKSONVILLE FL 32225	13c. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12d. NAME	S PORTER, SHARON 10941 PUTNEY COURT JACKSONVILLE FL 32225	13d. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12e. STREET ADDRESS	900 RIO ST. JOHNS DR. JACKSONVILLE FL	13e. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12f. CITY & STATE	JACKSONVILLE FL	13f. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption related to Section 199.02(1)(b), Florida Statutes. I further certify that the information included on this annual report is true and accurate and that my signature shall have the same legal effect as if I were under oath. That I am an officer or director of the corporation or the individual filer whose name is entered on this report as required by Chapter 607, Florida Statutes, and that my name appears on the list of filers and that I am an officer or director of the corporation.

SIGNATURE: **ERNEST A. PORTER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/95 904 7455253