

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:02

DOCUMENT # **V48371**

(1)

1. Corporation Name

NEW PORTER ENTERPRISES, INC.

Principal Place of Business

**4747 GRAND BLVD
NEW PORT RICHEY FL 34652
US**

Mailing Address

**2316 OVERVIEW DRIVE
NEW PORT RICHEY FL 34655**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1992

3a. Date of Last Report

04/22/1994

4. FEI Number

59-3133693

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 (1)(2).

Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GONZALES, LARRY J.
6645 RIDGE ROAD
PORT RICHEY FL 34668**

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. Thereby 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 board of directors)

(If 11. Registered Agent separate required after verification)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**P
COCHRAN, SALLY
2316 OVERVIEW DRIVE
NEW PORT RICHEY FL**

14 TITLE

☐ Change ☐ Addition

NAME

15 NAME

STREET ADDRESS

16 STREET ADDRESS

CITY, ST, ZIP

17 CITY, ST, ZIP

TITLE

21 TITLE

☐ Change ☐ Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY, ST, ZIP

24 CITY, ST, ZIP

TITLE

31 TITLE

☐ Change ☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY, ST, ZIP

34 CITY, ST, ZIP

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 Sections 199.07(2)(b) and 199.07(2)(c). 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 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sally A. Cochran

, as Pres. Sally A. Cochran

2/18/95

813 849-4324

(Signature typed or printed name of signing officer or director)