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 # **V54383** **(7)**

1. Corporation Name

PORTFEST, INCORPORATED

Principal Place of Business	Mailing Address
PO BOX 3005 JACKSONVILLE FL 32206 US	PO BOX 3005 JACKSONVILLE FL 32206 US

3. Date Incorporated or Qualified: **07/29/1992**
3a. Date of Last Report: **03/27/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt #, etc — 22:
Suite, Apt #, etc — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-3138710** ☐ 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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ (Signature, typed or printed name of officer, director, incorporator and title, if applicable) (Note: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COOK, ALBERT		1.2 NAME		
STREET ADDRESS	ALLEN FREIGHT TRAILER BRIDGE 9550 REGENCY		1.3 STREET ADDRESS		
CITY-ST-ZIP	JAX FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TABBOTT, JEROLD H		2.2 NAME		
STREET ADDRESS	6054 ARLINGTON EXPRESSWAY SUITE 1		2.3 STREET ADDRESS		
CITY-ST-ZIP	JAX FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	ROBERTS, CHAD S		3.2 NAME	~~Chad~~ Roberts, Chad S.	
STREET ADDRESS	50 N LAURA ST SUITE 3900		3.3 STREET ADDRESS	1750 E. DUVAL ST., Suite 200	
CITY-ST-ZIP	JAX FL		3.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	ROBERT, CHADS		4.2 NAME	Roberts, Chad S.	
STREET ADDRESS	50 N LAURA ST SUITE 3900		4.3 STREET ADDRESS	1750 E. DUVAL St., Suite 200	
CITY-ST-ZIP	JAX FL		4.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 on an attachment with an address.

SIGNATURE: Chad Roberts 6.14.96 (904) 353-6042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number