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FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 32206-0005 US

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)

3. Date Incorporated or Qualified: 07/29/1992
3a. Date of Last Report: 06/19/1996
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	COOK, ALBERT		1.2 NAME	Roberts, Chad S.	
STREET ADDRESS	ALLEN FREIGHT TRAILER BRIDGE 9550 REGENCY		1.3 STREET ADDRESS	50 N. Laura St., Suite 3900	
CITY-ST-ZIP	JAX FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32201	
TITLE	DV	☒ DELETE	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	TABBOTT, JEROLD H		2.2 NAME	Roberts, Chad S.	
STREET ADDRESS	6054 ARLINGTON EXPRESSWAY SUITE 1		2.3 STREET ADDRESS	50 North Laura St., Suite 3900	
CITY-ST-ZIP	JAX FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32201	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	ROBERTS, CHAD S		3.2 NAME	Knight, Janet D.	
STREET ADDRESS	1750 E DUVAL ST SUITE 200		3.3 STREET ADDRESS	24 Cathedral Place FL0300	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	St. Augustine, FL 32084-4432	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	ROBERTS, CHAD S		4.2 NAME	Knight, Janet D.	
STREET ADDRESS	1750 E DUVAL ST SUITE 200		4.3 STREET ADDRESS	24 Cathedral Place FL0300	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	St. Augustine, FL 32084-4432	
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 (9/96)

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: _____ 4/29/97 (904) 358-2000