

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

SEP 11 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V72308** (2)

1. Corporation Name

PORTAGE TRADE DEVELOPMENT, INC.

Principal Place of Business

**2473 KINGFISHER LANE
SUITE 1-202
CLEARWATER FL 34622**

Mailing Address

**2473 KINGFISHER LANE
SUITE 1-202
CLEARWATER FL 34622**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/19/1992

3a. Date of Last Report
10/10/1994

4. FEI Number
59-3149213

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**LUSK, MARLENE R
2473 KINGFISHER LANE
SUITE 1-202
CLEARWATER FL 34622**

10. Name and Address of New Registered Agent

81 Name

SAME

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 of Agent or Director (Required agent or director signature)

Signature of Agent or Director (Required agent or director signature)

12. OFFICERS AND DIRECTORS

1 NAME
P LUSK, MARLENE R
STREET ADDRESS
2473 KINGFISHER LANE, #1-202
CITY, ST, ZIP
CLEARWATER FL 34622

2 NAME
S LUSK, RETA
STREET ADDRESS
2473 KINGFISHER LANE, #1-202
CITY, ST, ZIP
CLEARWATER FL 34622

3 NAME
V LUSK, SHERRY
STREET ADDRESS
2473 KINGFISHER LANE, #1-202
CITY, ST, ZIP
CLEARWATER FL 34622

4 NAME
T LUSK, MARLENE R
STREET ADDRESS
2473 KINGFISHER LANE, #1-202
CITY, ST, ZIP
CLEARWATER, FL 34622

5 NAME

6 NAME

7 NAME

8 NAME

9 NAME

10 NAME

11 NAME

12 NAME

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18 NAME

19 NAME

20 NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME ☐ Change ☐ Addition

2 NAME ☐ Change ☐ Addition

3 STREET ADDRESS ☐ Change ☐ Addition

4 CITY, ST, ZIP ☐ Change ☐ Addition

5 NAME ☐ Change ☐ Addition

6 NAME ☐ Change ☐ Addition

7 STREET ADDRESS ☐ Change ☐ Addition

8 CITY, ST, ZIP ☐ Change ☐ Addition

9 NAME ☐ Change ☐ Addition

10 NAME ☐ Change ☐ Addition

11 STREET ADDRESS ☐ Change ☐ Addition

12 CITY, ST, ZIP ☐ Change ☐ Addition

13 NAME ☐ Change ☐ Addition

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15 STREET ADDRESS ☐ Change ☐ Addition

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31 STREET ADDRESS ☐ Change ☐ Addition

32 CITY, ST, ZIP ☐ Change ☐ Addition

33 NAME ☐ Change ☐ Addition

34 NAME ☐ Change ☐ Addition

35 STREET ADDRESS ☐ Change ☐ Addition

36 CITY, ST, ZIP ☐ Change ☐ Addition

SIGNATURE:

M. Lusk (President)
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

813-572-0665