

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
95 JUL 19 AM 10:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 744753 (5)
1. Corporation Name
LONGSHOREMEN OF ST. LUCIE COUNTY, INC.

Principal Place of Business Mailing Address
503 N. 7TH STREET FORT PIERCE FL 34950-8229

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/30/1978** 3a. Date of Last Report **03/10/1994**
4. FEI Number **59-2004503** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**GUYTON, COSTELLO
503 NORTH SEVENTH ST.
FT. PIERCE FL 34950**

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 *Costello Guyton* **Costello Guyton, President** DATE **7/13/95**
City, state, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent Signature required when reconstituting)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUYTON, COSTELLO 503 NORTH SEVENTH ST. FT PIERCE, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KING, LEON 503 NORTH SEVENTH ST. FT PIERCE, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KING, WILLIE 503 NORTH SEVENTH ST. FT PIERCE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS GREY, JAMES 503 NORTH SEVENTH ST. FT PIERCE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALCOTT, CHARLES 503 NORTH SEVENTH ST. FT PIERCE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 Section 110.07(3)(b), 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: *Costello Guyton* **Costello Guyton - President** DATE **7/13/95** 407-461-6522
(Typed Name of Officer or Director) (Date) (Daytime Phone)