


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jun 23 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P10114 (7)**

1. Corporation Name  
**AMERICAN TANK & VESSEL, INC.**

Principal Place of Business <b>1005 GOVERNMENT ST.                  MOBILE AL 36604</b>	Mailing Address <b>1005 GOVERNMENT ST.                  MOBILE AL 36604</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>05/15/1986</b>	
4. FEI Number <b>63-0830023</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUTTS, WILLIAM J.</b>	1.2 NAME	
STREET ADDRESS	<b>1005 GOVERNMENT ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MOBILE AL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VO</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIDSON, JAMES W.</b>	2.2 NAME	
STREET ADDRESS	<b>FIRE TOWER RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LUCEDALE MS</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRINGTON, C.A.</b>	3.2 NAME	
STREET ADDRESS	<b>417 W. VISTA CT.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MOBILE AL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENTLEY, THOMAS F.</b>	4.2 NAME	
STREET ADDRESS	<b>RT. 2 BOX 391</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FAIRHOPE AL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VO</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANGERHOLZER, MAX JR.</b>	5.2 NAME	
STREET ADDRESS	<b>3770 N. RHONDA DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MOBILE AL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 \*\*\*\$50.00

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14. I 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.

*[Handwritten signatures and initials]*