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Apr 07 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 # P34372 (3)

1. Corporation Name
TRAILER BRIDGE, INC.

Principal Place of Business
500 PARK AVE.
FIFTH FLOOR
NEW YORK NY 10022

Mailing Address
500 PARK AVE.
FIFTH FLOOR
NEW YORK NY 10022-1806



3. Date Incorporated or Qualified
06/19/1991

3a. Date of Last Report

04/04/1996

2. Principal Place of Business

21 9550 Regency Square Blvd.

Suite, Apt. #, etc.

22 Suite 500

City & State

23 Jacksonville, Florida

Zip

24 32225

Country

25 US

2a. Mailing Address

26 9550 Regency Square Blvd

Suite, Apt. #, etc.

27 Suite 500

City & State

28 Jacksonville FLORIDA

Zip

29 32225

Country

30 US

4. FEI Number

13-3617986

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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 registered agent and fee if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HEIM, RALPH W
STREET ADDRESS 9550 REGENCY SQUARE BLVD SUITE 500
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME MCCOWN, JOHN D.
STREET ADDRESS 500 PARK AVE 5TH FLR
CITY-ST-ZIP NEW YORK NY

TITLE ☒ DELETE

NAME MCLEAN, M D
STREET ADDRESS 500 PARK AVE 5TH FLOOR
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE

NAME TANNER, MARK A.
STREET ADDRESS 9550 REGENCY SQUARE BLVD., STE. 500
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ DELETE

NAME SALVADOR, BARY F.
STREET ADDRESS 9550 REGENCY SQUARE BLVD., STE. 500
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME MORLEY, J. EDWARD
STREET ADDRESS 9550 REGENCY SQUARE BLVD., STE. 500
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/97

904-724-4400

CR2E034 (9/96)