

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

FILED

Mar 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 488166 (0)  
1. Corporation Name  
THE LOADING DOCK, INC.

Principal Place of Business  
100 MADISON STREET  
TAMPA FL 33602

Mailing Address  
100 MADISON STREET  
TAMPA FL 33602



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/23/1975	
4. FEI Number 59-1629895	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	28 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent	
DOWD, HENRY R C/O 100 MADISON ST TAMPA FL 33601	

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	ROWE, H.DEAN
STREET ADDRESS	11401 CARROLLWOOD DR.
CITY-ST-ZIP	TAMPA FL
<input checked="" type="checkbox"/> DELETE (DECEASED)	
TITLE	T
NAME	ROWE, RICHELLE DIAN
STREET ADDRESS	11401 CARROLLWOOD DR.
CITY-ST-ZIP	TAMPA FL
<input type="checkbox"/> DELETE	
TITLE	S
NAME	ROWE, KARLENE K
STREET ADDRESS	11401 CARROLLWOOD DR
CITY-ST-ZIP	TAMPA FL
<input type="checkbox"/> DELETE	
TITLE	VD
NAME	ROWE, RICK D
STREET ADDRESS	11401 CARROLLWOOD DR
CITY-ST-ZIP	TAMPA FL
<input type="checkbox"/> DELETE	
TITLE	VD
NAME	ROWE, LINDA D
STREET ADDRESS	11401 CARROLLWOOD DR
CITY-ST-ZIP	TAMPA FL
<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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.

SIGNATURE: Linda Rowe - LINDA ROWE 3/4/98 8132535300

CR2E034 (10/97)