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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 488166

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

2 Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
10/23/1975

4. FEI Number
59-1629895

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOWD, HENRY R
C/O 100 MADISON ST
TAMPA FL 33601

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 title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE: P
NAME: ROWE, RICHELLE DIAN
STREET ADDRESS: 11401 CARROLLWOOD DR.
CITY, ST, ZIP: TAMPA FL

TITLE: S
NAME: ROWE, KARLENE K
STREET ADDRESS: 11401 CARROLLWOOD DR
CITY, ST, ZIP: TAMPA FL

TITLE: VP
NAME: ROWE, RICK D
STREET ADDRESS: 11401 CARROLLWOOD DR
CITY, ST, ZIP: TAMPA FL

TITLE: VP
NAME: ROWE, LINDA D
STREET ADDRESS: 11401 CARROLLWOOD DR
CITY, ST, ZIP: TAMPA FL

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

PAID
APR 28 2000
2168

14. I hereby certify that the information submitted with this filing does not satisfy the requirements stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report shall have the same legal effect as if made under oath; that I am an officer or director of the corporation as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13.

SIGNATURE:

Wanda Rowe 4/28/00

4/27/99 8130585900

Daytime Phone