

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 318436

**Entity Name:** CARGO SERVICE STATIONS INC

**Current Principal Place of Business:**

205 S. HOOVER  
400  
TAMPA, FL 33609

**FILED**  
**Feb 09, 2015**  
**Secretary of State**  
**CC6587514301**

**Current Mailing Address:**

205 S. HOOVER  
400  
TAMPA, FL 33609

**FEI Number: 59-1201356**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WILSON, J STYLES ESQ  
205 S HOOVER ST. #400  
TAMPA, FL 33609 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name FARMER, JD  
Address 205 S HOOVER ST #400  
City-State-Zip: TAMPA FL 33609

Title PTD  
Name CARTER, SHIRLEY  
Address 205 S HOOVER ST #400  
City-State-Zip: TAMPA FL 33609

Title VSD  
Name THATCHER, CAROLYN  
Address 205 S HOOVER ST #400  
City-State-Zip: TAMPA, FL 33609

Title VP, DIRECTOR  
Name ANGLIN, KIMBERLY  
Address 205 S. HOOVER  
400  
City-State-Zip: TAMPA FL 33609

Title VP, DIRECTOR  
Name THATCHER, ALLISON  
Address 205 S. HOOVER  
400  
City-State-Zip: TAMPA FL 33609

Title VP, DIRECTOR  
Name THATCHER, JONATHAN  
Address 205 S. HOOVER  
400  
City-State-Zip: TAMPA FL 33609

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SHIRLEY CARTER**

**PRESIDENT**

**02/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date