

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843315

Entity Name: COMMODORES POINT TERMINAL CORP.**Current Principal Place of Business:**1010 E ADAMS ST
JACKSONVILLE, FL 32202**Current Mailing Address:**1010 E ADAMS ST
JACKSONVILLE, FL 32202 US**FEI Number:** 59-1851206**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LINDELL FARSON & PINCKET, P.A.
12276 SAN JOSE BLVD.
SUITE 126
JACKSONVILLE, FL 32223 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 DIRECTOR, PRESIDENT, ASST.
SECRETARY
Name COLLEDGE, ELIZABETH L
Address 1010 E ADAMS ST
City-State-Zip: JACKSONVILLE FL 32202

Title VP, TREASURER
Name SHIELDS, DAVID R
Address 1 INDEPENDENT DR STE 1600
City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY
Name BELL, LETESHIA D
Address 1010 E ADAMS ST
City-State-Zip: JACKSONVILLE FL 32202

Title VP, ASST. SECRETARY
Name LOVETT II, W. RADFORD
Address 1 INDEPENDENT DR, STE 1600
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name LOVETT, PHILIP H
Address 1010 E ADAMS ST
City-State-Zip: JACKSONVILLE FL 32202

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: LETESHIA D BELL**SECRETARY****03/17/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date