## 2019 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

**FILED** Feb 06, 2019

**Secretary of State** 

9078034230CC

Officer/Director Detail:

Title DIRECTOR, PRESIDENT, ASST.

JACKSONVILLE FL 32202

Title VP, TREASURER

SECRETARY

OLSON, DAVID R Name

Name COLLEDGE, ELIZABETH L

241 ATLANTIC BOULEVARD

VP, ASST. SECRETARY

NEPTUNE BEACH FL 32266

Address

City-State-Zip:

Address 1010 E ADAMS ST SUITE 201

City-State-Zip: JACKSONVILLE FL 32202

Title **SECRETARY** 

Name LOVETT II, W. RADFORD

Name BELL, LETESHIA D Address 1010 E ADAMS ST

241 ATLANTIC BOULEVARD

Address

SUITE 201 NEPTUNE BEACH FL 32266 City-State-Zip:

Title **DIRECTOR** 

City-State-Zip:

Title

Title

VICE PRESIDENT OPERATIONS

Name LOVETT, PHILIP H

Name

COLLEDGE, WILLIAM L

Address 1010 E ADAMS ST

Address

1010 EAST ADAMS STREET

City-State-Zip: JACKSONVILLE FL 32202

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

CAO/SECRETARY

02/06/2019