

**2018 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 OLSON, DAVID R  
Address 241 ATLANTIC BOULEVARD SUITE 201  
City-State-Zip: NEPTUNE BEACH FL 32266

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 241 ATLANTIC BOULEVARD SUITE 201  
City-State-Zip: NEPTUNE BEACH FL 32266

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

Title VICE PRESIDENT OPERATIONS  
Name COLLEDGE, WILLIAM L  
Address 1010 EAST ADAMS STREET  
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**

**03/19/2018**

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

\_\_\_\_\_  
Date