

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 353030 (0)
 1. Corporation Name
PENSACOLA TERMINALS INC



Principal Place of Business P O BOX 4008 3088 BARRANCAS AVE PENSACOLA FL 32507	Mailing Address P O BOX 4008 3088 BARRANCAS AVE PENSACOLA FL 32507
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3250 Navy Blvd. Suite, Apt. #, etc. 22 City & State 23 Pensacola, FL Zip Country 24 32505 25 US		2a. Mailing Address 26 P.O. Box 12346 Suite, Apt. #, etc. 27 City & State 28 Pensacola, FL Zip Country 29 32581 30 US		3. Date Incorporated or Qualified 09/30/1969	4. FEI Number 59-1278325	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent GRAY, EDWARD, M., JR. 3088 BARRANCAS AVE PENSACOLA FL 32507				10. Name and Address of New Registered Agent 81 Name Thomas M. Bizzell 82 Street Address (P.O. Box Number is Not Acceptable) 3250 Navy Blvd. 83 84 City Pensacola FL 85 Zip Code 32505			
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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 *Thomas M. Bizzell* **Thomas M. Bizzell** **1/20/98**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OUTZEN, RICK	1.2 NAME	
STREET ADDRESS	110 PINETREE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, EDWARD M, JR.	2.2 NAME	
STREET ADDRESS	16 HIGH POINT DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	GULFBREEZE FL	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUDERMILK, MARTHA G	3.2 NAME	
STREET ADDRESS	51 STAR LAKE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	S/T/D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIZZELL, THOMAS M	4.2 NAME	
STREET ADDRESS	14402 RIVER RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	RENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENDLETON, SHARRON	5.2 NAME	
STREET ADDRESS	41439 U S HIGHWAY 90	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE AL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Thomas M. Bizzell* **Thomas M. Bizzell** **1/20/98**

CR2E034 (10/97)