

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90088 025 ***150.00

DOCUMENT # 353030

1. Corporation Name

PENSACOLA TERMINALS INC

Principal Place of Business

Mailing Address

3
3088 BARRANCAS AVE
PENSACOLA FL 32507
US

PO BOX 12346
3088 BARRANCAS AVE
PENSACOLA FL 32581
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1969

4. FEI Number

59-1278325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3250 W. Navy Blvd.

26 P.O. Box 12346

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 200

27

City & State

City & State

23 Pensacola, FL

28 Pensacola, FL

Zip Country

Zip Country

24 32505 25 US

29 32581 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIZZELL, THOMAS M
3250 NAVY BLVD
PENSACOLA FL 32505

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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
NAME OUTZEN, RICK
STREET ADDRESS 110 PINETREE DRIVE
CITY-ST-ZIP GULF BREEZE FL ☒ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD
NAME GRAY, EDWARD M, JR.
STREET ADDRESS 16 HIGH POINT DR
CITY-ST-ZIP GULFBREEZE FL ☒ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE CD
NAME LOUDERMILK, MARTHA G
STREET ADDRESS 51 STAR LAKE DRIVE
CITY-ST-ZIP PENSACOLA FL ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE STDV
NAME BIZZELL, THOMAS M
STREET ADDRESS 14402 RIVER RD
CITY-ST-ZIP RENSACOLA FL ☐ DELETE

4.1 TITLE PD ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T
NAME PENDLETON, SHARRON
STREET ADDRESS 41439 U S HIGHWAY 90
CITY-ST-ZIP SEMINOLE AL ☒ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas M. Bizzell

Thomas M. Bizzell

850-434-5574

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)