FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:45

DOCUMENT # **431662** **(6)**

1. Corporation Name
MRL BARGE SERVICE, INC.

Principal Place of Business	Mailing Address
1746 EAST ADAMS STREET JACKSONVILLE FL 32202	5140 ARLINGTON RD JACKSONVILLE FL 32211 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/01/1973	02/11/1994

2. Principal Place of Business
21 5140 Arlington Rd
22 Suite, Apt. #, etc.
23 City & State: Jacksonville, FL
24 Zip: 32211 25 County: Duval

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 County

4. FEI Number: 59-1484533 ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TAYLOR, MOSELEY & JOYNER, P.A.
501 W. BAY ST.
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	LANE, MARVIN R.	1.2 NAME	
STREET ADDRESS	9211 COMMONWEALTH AVENUE	1.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	1.4 CITY ST ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	LANE, RACHEL	2.2 NAME	
STREET ADDRESS	9211 COMMONWEALTH AVENUE	2.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is substantially complete and does not qualify for the exemptions 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.

SIGNATURE: M R Lane — 1-11-95 — 904-745-1603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017224 CP