04/28/2000 12:56 813-948-6670 PREFERRED PROPE

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

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May 31, 2000 8:00 am
Secretary of State
05-31-2000 90024 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 2000

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

DOCUMENT # 488166

Corporation Name
THE LOADING DOCK, INC.

[redacted]

Principal Place of Business
100 MADISON STREET
TAMPA FL 33602

Mailing Address
100 MADISON STREET
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1975
4. FEI Number: 59-1629895 — 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
21 Suite, Apt. #, etc.
22 City & State
23 Zip — 25 Country

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

9. Name and Address of Current Registered Agent
DOWD, HENRY R
C/O 100 MADISON ST
TAMPA FL 33601

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	ROWE, RICHELLE DIAN	
STREET ADDRESS	11401 CARROLLWOOD DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	☐ DELETE
NAME	ROWE, KARLENE K	
STREET ADDRESS	11401 CARROLLWOOD DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	☐ DELETE
NAME	ROWE, RICK D	
STREET ADDRESS	11401 CARROLLWOOD DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	☐ DELETE
NAME	ROWE, LINDA D	
STREET ADDRESS	11401 CARROLLWOOD DR	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

PAID
APR 28 2000
#2168

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 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richelle Rowe P 4/28/00 — 4/27/99 — 8132585900
Date — Daytime Phone #