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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 607967

(7)

1. Corporation Name

NATIONAL PLANT SHIPPERS, INC.

Principal Place of Business

5482 JETPORT IND.BLVD.
P.O.BOX 25275
TAMPA FL 33634

Mailing Address

5482 JETPORT IND.BLVD.
P.O.BOX 25275
TAMPA FL 33634-5222

3. Date Incorporated or Qualified

01/25/1979

3a. Date of Last Report

03/06/1996

2. Principal Place of Business

21 8313 W. Hillsborough Ave

Suite, Apt. #, etc.

22 150

City & State

23 Tampa, FL

Zip

24 33615

Country

25

2a. Mailing Address

26 P.O. Box 25275

Suite, Apt. #, etc.

27

City & State

28 Tampa, FL

Zip

29 33634-5222

Country

30 USA

4. FEI Number

59-1962333

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 s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONTE, PHILIP R

5482 JETPORT IND.BLVD.

TAMPA FL 33634

81 Name

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

83 8313 W. Hillsborough Ave #150

84 City

Tampa

FL

85 Zip Code

33615

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Philip R. Conte

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
PST
CONTE, PHILIP R
5482 JETPORT IND. BLVD.
TAMPA FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
8313 W. Hillsborough Ave Suite 150
Tampa, FL 33615

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
CONTE, PHILIP R.
5482 JETPORT IND. BLVD.
TAMPA FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
8313 W. Hillsborough Ave Suite 150
Tampa, FL 33615

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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 do 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.

SIGNATURE: *Philip R. Conte*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-885-6644

CR2E034 (9/96)