SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 JUL -3 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719787 (4)

1. Corporation Name

TAMPA PORT COMMITTEE FOR SPILLAGE CONTROL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% PAUL MACDONALD P. O. BOX 14042 ST. PETERSBURG FL 33733	TA PT. COM FOR SPILLAGE CONTROL P.O. BOX 14042 ST. PETERSBURG FL 33733 US

3. Date Incorporated or Qualified: 12/02/1970
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-1547673 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. The corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 TErry Fluke	26 Tampa Port Comm
Suite, Apt. #, etc. 22 Citco Petroleum	Suite, Apt. #, etc. 27 For Spillage Control ~~209 East 3Rd Street~~
City & State 23 801 Mc Closkey Blvd	City & State 28 Tampa, FL. 33605
Zip 24 Tampa, Fl. Country 25 33605	Zip 29 Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MACDONALD, PAUL P.O BOX 14042 1306 INGRAM AVE. ST. PETERSBURG FL 33733	31 Name: Terry Fluke 32 Street Address (P.O. Box Number is Not Acceptable): Citco Petroleum 33 801 Mc Closkey Blvd. 34 City: Tampa, FL. 33605 FL 35 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE X [signature] PRESIDENT TERRY W. FLUKE 6-23-95
(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	
TITLE	PD	1 TITLE	Larry Davis Secretary ☒ Change ☐ Addition
NAME	~~MACDONALD, PAUL~~ x x	1 NAME	425 South 20 th Street
STREET ADDRESS	~~P.O. BOX 14042 N/A~~ x	1 STREET ADDRESS	Tampa, FL. 33605
CITY-ST-ZIP	~~ST. PETERSBURG FL~~ x	1 CITY-ST-ZIP	
TITLE	VD	2 TITLE	☐ Change ☐ Addition
NAME	FARRINGTON, JOHN	2 NAME	
STREET ADDRESS	P.O. BOX 19277 N/A	2 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33686	2 CITY-ST-ZIP	
TITLE	SD	3 TITLE	President ☒ Change ☐ Addition
NAME	FLUKE, TERRY	3 NAME	
STREET ADDRESS	801 MCCLOSKEY BLVD	3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3 CITY-ST-ZIP	
TITLE	VD	4 TITLE	TReasurer ☒ Change ☐ Addition
NAME	SMITH, DAWN	4 NAME	
STREET ADDRESS	BLDG 1122 MCDILL AFB	4 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33686-9068	4 CITY-ST-ZIP	
TITLE	D	5 TITLE	☐ Change ☐ Addition
NAME	SKAGGS, BERNIE	5 NAME	
STREET ADDRESS	P.O. BOX 5739 N/A	5 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5 CITY-ST-ZIP	
TITLE	D	6 TITLE	☐ Change ☐ Addition
NAME	DORTA, DAN	6 NAME	
STREET ADDRESS	504 N 19TH STREET	6 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] TERRY W. FLUKE 6-23-95 8132473429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0013743