

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 719787 (4)
1. Corporation Name
TAMPA PORT COMMITTEE FOR SPILLAGE CONTROL, INC.



Principal Place of Business
**801 MCCLOSKEY BLVD
TAMPA FL 33605
US**

Mailing Address
**3209 EAST 3RD STREET
P.O. BOX 14042
TAMPA FL 33605
US**

3. Date Incorporated or Qualified **12/02/1970** 3a. Date of Last Report **07/03/1995**

2. Principal Place of Business 21 Terry Fluke Suite, Apt. #, etc. 22 Citgo Petroleum City & State 23 801 McCloskey Zip 24 Tampa	2a. Mailing Address 26 Tampa Port Committee for Spillage Control Suite, Apt. #, etc. 27 3209 East 3RD Street City & State 28 Tampa FL.33605 Zip 29 33605	4. FEI Number 59-1547673	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FLUKE, TERRY
CITGO PETROLEUM
801 MCCLOSKEY BLVD
TAMPA FL 33605**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S	DAVIS, LARRY Secretary 425 S 20TH STREET TAMPA FL	<input type="checkbox"/> DELETE
TITLE VD	FARRINGTON, JOHN Vice President P.O. BOX 19277 N/A TAMPA FL 33686	<input type="checkbox"/> DELETE
TITLE P	FLUKE, TERRY President 801 MCCLOSKEY BLVD TAMPA FL	<input type="checkbox"/> DELETE
TITLE T	SMITH, DAWN BLDG 1122 MCDILL AFB TAMPA FL	<input checked="" type="checkbox"/> DELETE
TITLE D	SKAGGS, BERNIE P.O. BOX 5739 N/A TAMPA FL	<input type="checkbox"/> DELETE
TITLE D	DORTA, DAN 504 N 19TH STREET TAMPA FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Tressurer
4.3 STREET ADDRESS	John Wright
4.4 CITY-ST-ZIP	P.O.Box 5117
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

3-21-96 813-2473429

CR2E037 (12/95)