


FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **719787** (4)
1. Corporation Name
TAMPA PORT COMMITTEE FOR SPILLAGE CONTROL, INC.



Principal Place of Business	Mailing Address
C/O TERRY FLUKE CITGO PETROLEUM - 801 MCCLOSKEY TAMPA FL 33605 US	3209 EAST 3RD STREET TAMPA FL 33605 US

3. Date Incorporated or Qualified

12/02/1970

4. FEI Number

59-1547673

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLUKE, TERRY
CITGO PETROLEUM
801 MCCLOSKEY BLVD
TAMPA FL 33605

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

4-2-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input type="checkbox"/> DELETE
NAME	DAVIS, LARRY	
STREET ADDRESS	425 S 20TH STREET	
CITY-ST-ZIP	TAMPA FL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	FARRINGTON, JOHN	
STREET ADDRESS	P.O. BOX 19277 N/A	
CITY-ST-ZIP	TAMPA FL	

TITLE	P	<input type="checkbox"/> DELETE
NAME	FLUKE, TERRY	
STREET ADDRESS	801 MCCLOSKEY BLVD	
CITY-ST-ZIP	TAMPA FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	WRIGHT, JOHN	
STREET ADDRESS	P.O. BOX 5117 NA	
CITY-ST-ZIP	TAMPA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SKAGGS, BERNIE	
STREET ADDRESS	P.O. BOX 5739 N/A	
CITY-ST-ZIP	TAMPA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DORTA, DAN	
STREET ADDRESS	504 N 19TH STREET	
CITY-ST-ZIP	TAMPA FL	

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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

4-2-98 813-247-3429

Date

Daytime Phone # 0048172

CR2E037 (10/97)