

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 13 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 858494

1. Corporation Name

Atlantic Shipping Agencies Ltd, Inc

Principal Place of Business

Mailing Address

15438 N Florida Ave Bte 202
Tampa, FL 33613
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/17/1983

3a. Date of Last Report
03/03/94

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Lund, John E Attorney
707 Franklin Street Mall, 8th Floor
Tampa, FL 33602

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE

P/D

NAME

Bott, Graham

STREET ADDRESS

15438 N Florida Ave Ste 202

CITY-ST-ZIP

Tampa, FL 33613

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

600001407496

02/16/95-01025-001

*****8.75 *****8.75

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

600001407496

02/16/95-01025-001

****200.00 ****200.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

2/13/95
355

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Graham Bott, President

1/27/95

(813)961-0070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number