

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000003387

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** PATE STEVEDORE COMPANY, INC.

**Current Principal Place of Business:**

ONE ST. LOUIS CENTER  
SUITE 1000  
MOBILE, AL 36602

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 12781  
PENSACOLA, FL 32591

**New Mailing Address:**

**FEI Number:** 32-0282401

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PATE, WILLIAM M  
1200 FT. PICKENS RD.  
TRISTAN TOWER 13D  
PENSACOLA BEACH, FL 32561 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** CP  
**Name:** PATE, MICHAEL L  
**Address:** 6250 ARD ROAD  
**City-St-Zip:** PENSACOLA, FL 32526

**Title:** VCST  
**Name:** PATE, WILLIAM M  
**Address:** 1200 FT. PICKENS RD., TRISTAN TOWER 13D  
**City-St-Zip:** PENSACOLA BEACH, FL 32561

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** WILLIAM M. PATE

VCST

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date