FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F73001** **(2)**

1. Corporation Name

OCEAN CARGO, INC.

Principal Place of Business	Mailing Address
1015 BLACKSTONE BLDG JACKSONVILLE FL 32202	1015 BLACKSTONE BLDG JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: **03/22/1982**

3a. Date of Last Report: **04/06/1995**

4. FEI Number: **59-2243496** ☐ 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

2. Principal Place of Business
21
Street, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Street, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

8. This corporation has filed, or for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PROCTOR, SOL H
1015 BLACKSTONE BLDG
JAX FL 32202

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 607.0502 and 607.1505, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	☐ DELETE	13 TITLE	☒ Change ☐ Addition
NAME	PROCTOR, SOL H		13 NAME	
STREET ADDRESS	1015 BLACKSTONE BLDG		13 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL 00000		13 CITY-ST-ZIP	32202
TITLE	PD	☐ DELETE	14 TITLE	☐ Change ☐ Addition
NAME	TERCERO, E. J.		14 NAME	
STREET ADDRESS	2150 S ALAMEDA		14 STREET ADDRESS	
CITY-ST-ZIP	COMPTON, CA 00000		14 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	15 TITLE	☐ Change ☐ Addition
NAME	GREEK, BILLY D		15 NAME	
STREET ADDRESS	2150 S ALAMEDA		15 STREET ADDRESS	
CITY-ST-ZIP	COMPTON, CA 00000		15 CITY-ST-ZIP	
TITLE	D	☐ DELETE	16 TITLE	☐ Change ☐ Addition
NAME	PASHA, MARY JANE		16 NAME	
STREET ADDRESS	802 S. FRIES AVE		16 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON CA		16 CITY-ST-ZIP	
TITLE		☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME			17 NAME	
STREET ADDRESS			17 STREET ADDRESS	
CITY-ST-ZIP			17 CITY-ST-ZIP	
TITLE		☐ DELETE	18 TITLE	☐ Change ☐ Addition
NAME			18 NAME	
STREET ADDRESS			18 STREET ADDRESS	
CITY-ST-ZIP			18 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, fully 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3-18-96 9046322304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #