Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90028 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F9400005918

1. Corporation Name

SEAPORT STEVEDORING CO. (LOUISIANA), INC.

	•	,							
Principal Place	of Business	Mailing Address						8181 81119 (8(8)	1(30) (01) (06)
6002 COMMERCE BLVD. Garden City Fl. 31408		P.O. BOX 3147 SAVANNAH GA 31402		ĺ	DO NOT WRI	TE IN THIS	SPACE		
						3. Date Incorporated or Qualifed 11/16/1994	_		
Principal Place of Business 2a. Mailing Address						4. FEI Number	J	Ap	plied For
21	_	26				59-3274409	_		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5., Certifcate of Status Desired		\$8.75 A Fee Re	
City & State	е	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Country	1		8. This corporation owes the curr	rent year Inta		п.,
24	25	29 30	<u> </u>			Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent	81	Name		10. Name and Address of New I	Registered /	Agent	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD.			82			ss (P.O. Box Number is Not Accepta	able)		
	STATION FL 33324		83	 					
r L-M	41A11014 1 E 30324		100	<u>'</u>					
			84	",			FL	85 Zip (ì
11. Pursuant office or reagent. I at	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 607.1508, Florida Statutes, of Florida. Such change was authons of, Section 607.0505, Florid	, the above norized by a Statute:	re-named the corp s.	d corpor poration	ration submits this statement for the 's board of directors. I hereby acce	purpose of pt the appoir	changing its itment as re	registered } gistered
SIGNATURE			•						
	Signature, typed or printed name of registered agent		_	nt signature	e required v	when reinstating)	DATE	D DIDECTO	DC IN 42
12.	OFFICERS AND	D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	Addition
TITLE	S S		1.1 TITLE					Change	
NAME	ELTON, CHERYL C		1.2 NAME						
STREET ADDRESS	6002 COMMERCE BLVD			1.3 STREET ADORESS					-
CITY-ST-ZIP	GARDEN CITY GA 31408	DELETE	1.4 CITY-5					Change	Addition
TITLE	•		2.1 TITLE						
NAME	CAWTHON, VERNON W JR		2.2 NAME						
STREET ADDRESS 6002 COMMERCE BLVD.			2.3 STRE		S.	-			
CITY-ST-ZIP	GARDEN CITY GA 31408	□ perete	2.4 CFTY-ST-ZIP				_	Change	Addition
TITLE	D DELETE		3.1 TITLE		Ì			Cloudingo	
NAME	GROVES, ROBERT W III		3.2 NAME						
STREET ADDRESS	6002 COMMERCE BLVD.			ET ADDRESS	s				
CITY-ST-ZIP	GARDEN CITY GA 31408		3.4. CITY-ST-ZIP					☐ Change	Addition
TITLE		□ DELETE	4.1 TITLE		1		•		
NAME			4, 2 NAME						
STREET ADDRESS				ET ADDRES	s				
CITY-ST-ZIP		— — — — — — — — — — — — — — — — — — —	4,4 CITY-	ST-ZIP			_	Change	☐ Addition
TIFLE		☐ DELETE	5.1 TITLE					□ cuande	Addition
NAME			5.2 NAME						
STREET ADDRESS			4	ET ADDRES	8		•		ļ
CITY-ST-ZIP		F beiere	5.4 CITY- 6.1 TITLE	51-ZIP	-		_	Change	☐ Addition
TITLE	i	☐ DELETE	■ 0.1 111fC		1				

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP