

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # G01260 (0)**

1. Corporation Name  
**THE SHIPPING STATIONS OF FLORIDA, INC.**



Principal Place of Business: **4755 N. TAMiami TRAIL NAPLES FL 33940**  
Mailing Address: **4755 N. TAMiami TRAIL NAPLES FL 33940**

3. Date Incorporated or Qualified: **09/20/1982**  
3a. Date of Last Report: **04/27/1995**  
4. FEI Number: **59-2223446**  
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**  
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

**9. Name and Address of Current Registered Agent**

**CLIFF, BUDDY LEE  
224 OLD TAMiami TRAIL  
NAPLES FL 33942**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and (c) 1506, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature of Registered Agent (must be printed in Block 9) \_\_\_\_\_ Date of Signature (must be printed in Block 10)

**12. OFFICERS AND DIRECTORS**

1. TITLE: **VS**  DELETE  
NAME: **CLIFF, BUDDY LEE**  
STREET ADDRESS: **224 OLD TAMiami TRAIL**  
CITY, STATE, ZIP: **NAPLES FL**

2. TITLE: **PT**  DELETE  
NAME: **CLIFF, NANCY C**  
STREET ADDRESS: **224 OLD TAMiami TRAIL**  
CITY, STATE, ZIP: **NAPLES FL**

3. TITLE:  DELETE  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

4. TITLE:  DELETE  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

5. TITLE:  DELETE  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE:  Change  Addition  
2. NAME: \_\_\_\_\_  
3. STREET ADDRESS: \_\_\_\_\_  
4. CITY, STATE, ZIP: \_\_\_\_\_

5. TITLE:  Change  Addition  
6. NAME: \_\_\_\_\_  
7. STREET ADDRESS: \_\_\_\_\_  
8. CITY, STATE, ZIP: \_\_\_\_\_

9. TITLE:  Change  Addition  
10. NAME: \_\_\_\_\_  
11. STREET ADDRESS: \_\_\_\_\_  
12. CITY, STATE, ZIP: \_\_\_\_\_

13. TITLE:  Change  Addition  
14. NAME: \_\_\_\_\_  
15. STREET ADDRESS: \_\_\_\_\_  
16. CITY, STATE, ZIP: \_\_\_\_\_

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 119.07(3)(b), 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, changed, or on an attachment with an address.

SIGNATURE: *Nancy Cliff Pro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-96 (813) 597-4572  
941/261-6719  
Date Filed

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