

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 # **G68598** (3)

1. Corporation Name

SEALIFT TERMINALS, INC.



Principal Place of Business
4443 HERSCHEL ST.
~~4250 LAKESIDE DRIVE, SUITE 110~~
JACKSONVILLE FL 32210

Mailing Address
4443 HERSCHEL ST.
~~4250 LAKESIDE DRIVE, SUITE 110~~
JACKSONVILLE FL 32210

2. Principal Place of Business

4443 HERSCHEL

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

4443 HERSCHEL

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

11/09/1983

3a. Date of Last Report

06/23/1995

4. FEI Number

59-2396872

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. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BURGSTNER, W.A. I
~~4250 LAKESIDE DR.~~
~~SUITE 110~~
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4443 HERSCHEL ST.

83

84 City

FL

85 Zip Code

32210

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

Signature typed or printed name of new registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO** ☐ DELETE
NAME **BURGSTNER, WILLIAM A, JR**
STREET ADDRESS ~~1000 GULF LIFE DR #110~~
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **ST** ☐ DELETE
NAME **VANTASSEL, CHARLES**
STREET ADDRESS **1500 N. POST OAK DR. #140**
CITY - ST - ZIP **HOUSTON TX**

TITLE **VD** ☐ DELETE
NAME **VANTASSEL, CHARLES**
STREET ADDRESS **1500 N. POST OAK DR. #140**
CITY - ST - ZIP **HOUSTON TX**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS **4443 HERSCHEL ST.**
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP ☐ Change ☐ Addition

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

904-388-4591

CR2E034 (12/95)